

WOOSTER POLICE DIVISION

ENTRANCE PHYSICAL FITNESS ASSESSMENT

WAIVER RELEASE

Note: Participants are advised to PACE themselves throughout the phases of the testing process. It is required that participants consult with their physicians regarding the content of the testing and the effect the testing may have relating to any past or present illnesses, conditions, or injuries which may affect his/her participation in and ability to perform, the testing program.

I _____ hereby acknowledge that I have read the above statement and have been advised of the three fitness standards I will be required to complete. I have discussed the testing program with my physician and I am physically capable of participate in the testing. I agree to be fully responsible for any and all costs, damages, and expenses incurred by me as a result of any injuries, illnesses, or conditions resulting from participation in the testing program. I further release the City of Wooster, the Wooster Civil Service Commission, the Wooster Police Division, the Wooster Fire Division and / or its agents or employees from any and all claims of liability for possible injury which may result by my participation in the physical fitness testing, which is a part of the qualification process for police officer candidates.

Candidate Signature

Date

Witness Signature

Date