

Liability Waiver/Release for the City of Hobbs Police Department

Physical Fitness Test

PLEASE READ CAREFULLY. THIS FORM AFFECTS YOUR LEGAL RIGHTS.

NOTICE: Physical activity, of any kind, presents a risk of injury. This injury includes but is not limited to economic injury, personal injury, and even death.

For the valuable consideration of participating in the selection process for Police Officer, I agree to assume all risks of any injury and hereby waive any claim, foreseeable or otherwise, that I may have against the City of Hobbs through my participation in the Physical Fitness Test _____ (initials)

I further understand that my physical abilities will be tested to achieve the following:

1. 1.5 mile run 15:14
2. Push-ups in one minute 15
3. Sit-ups in one minute 27
4. 300 meter run 71 seconds _____ (initials)

I understand that to “waive any claim” means that I will give up my right to bring any legal action against the City of Hobbs in the event that I am injured through my participation in the Physical Fitness testing conducted by the staff of the Hobbs Police Department _____ (initials)

I do fully release and indemnify the City of Hobbs from any negligence for supervised activities to be engaged in, and for any acts of Third Parties. _____ (initials)

I have previously consulted with a physician and I am cleared to participate in physical activity that will be tested as outlined above. If I have not consulted with a physician, I understand the risk of engaging in physical activity without consulting a physician and assume all risks for any injury that could have been prevented had I consulted a physician. _____ (initials)

I understand that I know my own limitations and will use caution when engaging in physical activity. _____ (initials)

I understand that the City of Hobbs does not provide any medical or other insurance protection benefits for those candidates that have voluntarily selected to be evaluated through the Physical Fitness Test conducted by staff of the Hobbs Police Department and the City of Hobbs. _____ (initials)

I ACCEPT ALL RESPONSIBILITY FOR INJURIES WHICH MAY BE INCURRED.

Signature of Participant

Date

Witness (City of Hobbs Staff)

Date