

INFORMED CONSENT AND LIABILITY WAIVER RELEASE
FOR PARTICIPATION IN THE POLICE OFFICER PHYSICAL ABILITY TEST

I, _____, hereby agree to the following:

1. I acknowledge that I have reviewed the materials provided to me regarding the activities required to complete the Police Officer physical ability test.
2. I recognize that the Police Officer physical ability test requires vigorous physical activity and exertion that may be strenuous and may cause physical injury, I am fully aware of the risks and hazards involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Police Officer physical ability test. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in this test.
4. In consideration of being permitted to participate in the Police Officer physical ability test, I voluntarily and knowingly agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result in participating in the Police Officer physical ability test and acknowledge my informed consent to do so.
5. I acknowledge that it is my responsibility to inform Personnel Board staff of any medical issues or injury that may arise during the Police Officer physical ability test and consent to emergency medical treatment, if necessary. I acknowledge that any medical treatment administered is my personal financial responsibility.
6. In further consideration of being permitted to participate in the Police Officer physical ability test, I knowingly, voluntarily and expressly waive any claim I may have against the authorized test administrators, the Personnel Board of Jefferson County and its employees, agents or representatives, and the City of _____ and its employees, agents or representatives, for damages and injury, including death, resulting from my participation in this test.
7. I, my heirs, assigns, spouse and legal representatives forever release, hold harmless, waive, discharge and covenant not to sue the authorized test administrators, the Personnel Board of Jefferson County and its employees, agents or representatives, or the City of _____ and its employees, agents or representatives, for any injury or death caused by my voluntary participation in the Police Officer physical ability test.
8. I understand and agree that this waiver and release is intended to be as broad and inclusive as permitted by the laws of Alabama and that if any portion is held invalid, I agreed that the balance will remain in full legal force and effect.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. This agreement remains in effect for as long as I participate in the Police Officer physical ability test.

Signature of Participant

Date