

Physical Fitness Test Waiver of Liability

The undersigned does hereby give informed consent to actively engage in the physical fitness assessments conducted by the White County Indiana Sheriff's Department (hereafter, WCSD) as part of the application process for the position of "Deputy Sheriff." It is understood that the activities to be engaged in include, but are not limited to, walking, running, jumping, weight lifting, and callisthenic-type exercises.

The **possibility of injury or illness exists during any physical activity**, and such activity can also complicate pre-existing conditions that the WCSD does not know about. Such problems include, but are not limited to, heat related illnesses, abnormal heart beats, abnormal blood pressure, and heart attack. The WCSD will attempt to monitor participants during testing for problems, however, the applicant is ultimately responsible for recognizing problems and taking appropriate action. *Applicants are strongly encouraged to seek the advice of their physician prior to participating in any physical exercise.*

The undersigned acknowledges that there are inherent risks with any physical activity, and understands that it is the responsibility of the applicant to notify testing personnel of any known pre-existing conditions that might, in any way, adversely affect the applicants ability or safety during the testing. Furthermore, the undersigned understands that it is **the applicant's responsibility** to monitor individual physical performance during the physical activities and testing, and to stop and notify the WCSD employees administering the testing immediately should unusual or adverse reactions be experienced by the undersigned. In the event of a medical problem, the undersigned recognizes that costs incurred for any required care are not the responsibility of the WCSD, any employees thereof, or the County Of White Indiana. The undersigned also gives consent for the testing data collected to be used in an anonymous fashion for the purpose of data collection and research.

List any health or physical problems the undersigned has that could, in any way, cause danger to the applicant during physical exercise, or elevate the risk factors associated with physical exertion.

(Use back if additional space is required.)

The undersigned hereby recognizes that the results of the physical testing will be used in determining the applicant's qualifications for employment with the WCSD and that all information provided herein is complete and accurate.

I, _____, agree that I have read and understand the above, and state that I can complete the physical fitness assessments enumerated by the WCSD, and that my participation in such testing is a part of my voluntary application for the position of "Deputy Sheriff" with the White County Indiana Sheriff's Department.

Signature of Applicant / Date Email Address: _____

Witness: _____