

Newton NH Police Department
Policies & Procedures
Chapter 3, Training & Career Development

Recruitment and Selection of Sworn Personnel (3.10)

PHYSICAL ABILITY TEST RELEASE AND WAIVER

TO: Chief Lawrence E. Streeter

FROM: (Applicant)
(Applicant, please PRINT your full name)

DATE: _____

I understand that the **Newton NH Police Department's** mandated **Physical Ability Test (PAT)**, requires a degree of physical strength and agility and I recognize and acknowledge that there are certain risks of physical injury. As a participant in the **Newton NH Police Department's** mandated **Physical Ability Test**, I agree to assume all risks and to release, remise and discharge the **Newton NH Police Department**, the Town of Newton NH, the property and/or facility owner of the location of the PAT, and/or any of its employees and/or agents thereof from any and all claims, demands and liabilities to me, my family or heirs as the direct or indirect result of any and all injuries, death, losses and/or damages to my person or property, I may consider to have been caused or may arise as the result of participating in any and all activities connected with or associated with the **Physical Ability Test**, including any errors or omissions by either the **Newton NH Police Department**, its agents or employees, and/or any conditions or latent defects in and on the premises where the particular test is given; which are alleged to be the proximate cause of my injury.

I hereby affirm and declare that I have read all the foregoing terms, conditions and declarations and I fully understand and agree with them. In addition, I have reviewed the requirements of the **Physical Ability Test** and have discussed my physical ability to perform these tests with my physician.

Signature: _____

Date: _____