

**NEW BOSTON POLICE DEPARTMENT
POLICE OFFICER TESTING**



**PHYSICAL APTITUDE AND AGILITY TEST
WAIVER OF LIABILITY**

I, _____, am requesting permission from the New Boston Police Department to be physically tested, utilizing the police departments physical fitness, pre-employment standards, facilities and equipment. I realize that it will be at the discretion of the Chief of Police and hereby do release, remise and forever discharge the Town of New Boston, the New Boston Police Department and their agents and employees from any and all liability for any claims and causes of actions, including but not limited to actions for personal injury and property damage, which may result from testing. I do realize that I am here of my own choice and I do accept any and all responsibilities and liabilities that may arise from said testing.

I acknowledge that the physical aptitude and agility test is physically demanding and requires strenuous physical exertion. I attest that I am physically fit and to the best of my knowledge, have no physical condition which would endanger me or result in any harm to me if I compete in this physical performance test.

I acknowledge that failure to provide this letter shall render me ineligible from participation.

NOTE: Your signature must be witnessed and authenticated by a Notary Public or Justice of the Peace.

Date

Applicant signature

Subscribed and sworn to before me this _____ day of _____ year _____

Notary Public/Justice of the Peace _____