

TULARE COUNTY SHERIFF'S DEPARTMENT

PHYSICAL AGILITY EXAM WAIVER

PRINT APPLICANTS NAME _____

(PLEASE PRINT CLEAR)

I have reviewed the descriptions of the physical agility exams which I have asked to participate in and I am able to safely undertake these exams. I have been advised that I should consult my doctor if I have any concerns whatsoever regarding my ability to safely participate in these exams and I have either consulted with my doctor who has approved my participation or I have declined to consult my doctor because I am confident my health status permits me to safely participate. There is no health condition or physical limitation which prevents me from safely participating in this process.

In exchange for the opportunity granted to me by the Tulare County Sheriff's Office to take a physical agility exam as part of an employment application process, I hereby waive any claim for any injury and/or medical emergency which may either directly or indirectly result from my participating in any part of such physical agility exam. I also agree for that same consideration, to hold the Tulare County Sheriff's Office, the County of Tulare, and all employees and deputies free and harmless from all liability and responsibility of any kind whatsoever for any injury, harm or damage which I may directly or indirectly sustain as a result of my participating in any or all of the physical agility exams. This waiver and release is understood to be binding on me and my heirs without reservation.

I understand the effect of signing this waiver and release and ask that I be allowed to participate in the physical agility exams. I agree to immediately cease my participation in the agility exams if at any time I believe I am not able to safely complete the exams.

APPLICANTS SIGNATURE _____ **DATE** _____