



# Town of Lexington

## Police Department

MICHAEL MCLEAN  
Chief of Police

TEL: (781) 862-1212  
FAX: (781) 863-1291

### WAIVER & RELEASE OF LIABILITY PHYSICAL AGILITY TESTING

I, the undersigned, acknowledge that I have willingly chosen to participate in the Lexington Police Department's physical fitness test for police officer candidates. This testing shall include the following:

- Push-ups
- Sit-ups
- 1.5 mile run
- 300-meter run

I hereby release the Town of Lexington, the Lexington Police Department and its officials, employees, and agents from any liability for injuries or death which may occur as a result of my participation in the police officer physical agility testing. It is my responsibility to understand the testing requirements and I assume all liability for my participation. I understand that I have had the opportunity for an independent medical examination by a doctor of my own choosing and own expense, prior to agreeing to this testing, and have chosen to forego such opportunity – or have attached a medical record to this waiver indicating I have had such examination and I am free to participate.

I sign this waiver and release willingly, and of my own volition, without coercion of any kind. I understand that by signing this form I give up all rights whatsoever to recover damages from the Town of Lexington for injury or death arising out of the physical agility testing.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Candidate #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

(This form is NOT required to be notarized but must be witnessed by a person 18 years of age or older)