

DERRY, NH POLICE DEPARTMENT

PHYSICAL AGILITY TEST WAIVER

In consideration of my participation in the Physical Agility Test administered by the Derry Police Department, I _____, for myself, my heirs, executors and administrators, hereby release and forever discharge the Derry Police Department, the Town of Derry, Pinkerton Academy, and their agents, representatives, and assignees, from all liabilities, actions, claims, demands, damages, costs and expenses, which I may now or in the future have against them, as agencies or individuals, arising out of, or in any way connected with my participation in or the operation of the Derry Police Physical Agility Test and including, but not limited to, all injuries that may be suffered by me. I understand that this waiver includes, but is not limited to, any claims that are based on any alleged negligence or other action or inaction by any of the above parties.

I attest and verify that, to the best of my knowledge, my physical condition and fitness are adequate for me to safely participate in this Physical Agility Test and all portions thereof, and that no physician or other qualified individual has advised me against participating in this test or any portion thereof.

Name: _____

Signature: _____

Date: _____



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PHYSICAL AGILITY READINESS QUESTIONNAIRE

Yes

No

Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?

Do you have chest pain brought on by physical activity?

Have you developed chest pain at rest in the past month?

Do you have a bone or joint problem that could be aggravated by the proposed physical activity?

Are you currently taking medication for high blood pressure or a heart condition?

Are you aware, through your own experience or a doctor's advice, of any reason against your exercising without medical approval?

