

**WEST DEPTFORD POLICE DEPARTMENT  
APPLICANT LIABILITY WAIVER AND RELEASE**

I, \_\_\_\_\_, acknowledge that the West Deptford Police Department requires all candidates to take a physical ability test.

In consideration of the acceptance of my application for employment by the West Deptford Police Department and the administering of the various tests and procedures to process my application, I do for myself, my heirs, executors and administrators, certify that: (1) I understand that participation in the physical ability test may involve certain dangers and risks, which include the possibility of serious bodily injury and/or death; and (2) that I am in good health and know of no physical or medical reasons why I should not take such physical ability test.

**I DO HEREBY RELEASE AND FOREVER DISCHARGE THE TOWNSHIP OF WEST DEPTFORD AND THE WEST DEPTFORD POLICE DEPARTMENT, AND THEIR RESPECTIVE ELECTED OFFICIALS, OFFICERS, EMPLOYEES, SERVANTS, AGENTS, AND INDEPENDENT CONTRACTORS, OF AND FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTION AND SUITS AT LAW OR IN EQUITY FOR ANY AND ON ACCOUNT OF ANY AND ALL INJURIES, DISABILITIES, PHYSICAL AND MENTAL DISEASES, DEATH, DAMAGE, LOSSES AND EXPENSES THAT MAY BE SUSTAINED BY ME NOW OR HEREAFTER, AS A RESULT OF MY TAKING SAID PHYSICAL ABILITY TEST.**

I grant my permission for the West Deptford Police Department and the Township of West Deptford to use my photo for any printed or electronic communications, marketing, and advertising materials produced by the Township of West Deptford and the West Deptford Police Department.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_