

APPLICANT WAIVER

To Whom It May Concern

_____, having submitted an application to the I, _ Wise County Sheriff's Office for the position of Deputy, agree to participate in all phases of the applicant screening process to determine my suitability for employment.

I fully understand that a Physical Qualifications Test is required and that my participation in said test is a personal choice. In doing so, I hereby relieve the Wise County Sheriff's Office, County of Wise Government, and their representatives of any and all liability for personal harm or injury resulting from my participation.

Signed: _____ Date: _____

Witness: _____ Date: _____

Notary Signature: _____

My commission Expires: ____

(Stamp Only-Not Hand Written)

Notary Seal:

