



## CHARLOTTESVILLE POLICE DEPARTMENT

606 East Market Street

Charlottesville, Virginia 22902

Phone: (434) 970-3280 Fax: (434) 970-3233

### **APPLICANT RELEASE WAIVER For Physical Agility Practice And/ Or Test**

I \_\_\_\_\_, have applied for the position of police officer with the City of Charlottesville and fully understand that one of the requirements for this position is to successfully complete the physical agility test based on the Virginia LAWFIT Work Performance Test which consists of various job related physical activities. These activities are set out in an obstacle course design. I have been offered the opportunity to the practice physical agility test before taking the test.

I have reviewed and understand the requirements of the physical agility test posted on the Charlottesville Police Department's website. I understand the physical effort that the physical agility test involves and I am physically capable of participating in this test.

In full knowledge of the requirements of the physical agility test, I agree to assume all risks associated with taking the practice test / actual test, and agree further to release, indemnify, protect, defend, and hold the City of Charlottesville, and its officers, employees, agents, and representatives harmless from all liability, obligations, losses, claims, demands, damages, actions, suits, proceedings, costs and expenses, including attorney's fees, of any kind or nature whatsoever, whether suffered, made, instituted or asserted by me or any other entity, party or person for any personal injury to or death of any person or persons and for any loss, damage or destruction of any property, owned by the City or not, arising out of, connected with, or resulting directly or indirectly from my participation in the physical agility test, either during practice or actual testing.

This Release and Waiver is voluntarily accepted and agreed to with the full knowledge that I am not a City of Charlottesville employee, and I am **NOT** covered by any City of Charlottesville insurance policies, that I am taking the physical agility practice test and/or test at my own risk and that I am solely responsible for any injury that may occur to me as a result of my participation in the physical agility test.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**YOU WILL BE REQUIRED TO SIGN THIS RELEASE AND WAIVER AS A CONDITION OF BEING ALLOWED TO TAKE THE PHYSICAL AGILITY PRACTICE AND/OR TEST.**