



**HOPEWELL POLICE DEPARTMENT
RELEASE OF CLAIMS/MEDICAL CERTIFICATION
WAIVER OF LIABILITY**



***** Applicant *must* complete Part A, and either Part B or Part C*****

Part A: (Release of Claims/Waiver of Liability) I, _____, for and in consideration of being considered for employment by the City of Hopewell Police Department, do hereby acknowledge that I will be required to take a physical agility test which is composed of job-related physical skills necessary for successful performance as outlined by the Virginia Department of Criminal Justice Services (DCJS) for entry-level Virginia law enforcement officers, and which will or is likely to involve running, lifting, climbing, carrying and other actions that will require physical strength, agility, and endurance, among other physical and mental attributes that constitute the essential functions of a police office without reasonable accommodation.

I understand that there is and will be risk of injury when participating any physical agility test, and that if I am not in good physical or medical condition or have a pre-existing condition that may be aggravated by my participation in this physical agility test, I may be putting myself at increased risk of injury by taking the test. By signing this Release of Claims/Waiver of Liability, I knowingly and voluntarily fully assume and accept all such risks and responsibility for my participation in this physical agility test and forever release and discharge the City of Hopewell, the Hopewell Police Department, their respective officials, administrators, employees, agents, and/or representatives from any and all liability claims of any kind, nature, or character, whatsoever, by reason of any act(s), commission and/or omission while participating in the Physical Agility Testing process. I understand that these terms are contractual and I intend for and agree that this waiver shall bind my heirs, executors, administrators, and assigns.

I understand and agree that my successful completion of the physical agility test shall not obligate the City of Hopewell or the Hopewell Police Department to hire or employ me a law enforcement officer or in any other capacity or position. I further understand and agree that when taking the physical agility test, I am and will not be an employee, servant or agent of the City of Hopewell and will not be covered by worker's compensation, or entitled to any disability or death benefits of the City of Hopewell.

I further acknowledge that I have received advanced notification of the tests to be completed and have had the opportunity to review same prior to participation. _____

.....
 Applicant's Name (Print): _____
 Address: _____
 Signature: _____ Date: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20__.

_____ (Notary Public)

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Part B: (Medical Certification – to be completed by Physician)

I, _____(Physician/M.D.), having reviewed all of the events outlined in the City of Hopewell Police Department’s Physical Agility Test, and having examined the listed applicant, hereby state that I find him/her physically capable of performing all of the requisite events and have no knowledge of any physical or medical problems which would prevent him/her from not performing the events as outlined.

Physician’s Name (Print): _____

Address: _____

Signature: _____ Date: _____

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Part C: (Medical Certification Waiver)

I, _____, being knowledgeable of the physical requirements and/or demands involved with participating in the City of Hopewell Police Department’s Physical Agility Test, and being aware of the recommendation to consult with a physician prior to participating in said testing, hereby acknowledge such recommendation, and hereby declare that I do not wish to consult with or complete a medical or physical examination prior to my participation in the physical agility test, voluntarily forgo such medical or physical examination, and further release the City of Hopewell, the Hopewell Police Department, its employees, agents and/or representatives from all claims of any kind, nature, or character, whatsoever, by reason of my participation in the Physical Agility Testing process.

Applicant’s Name (Print): _____

Address: _____

Signature: _____ Date: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

_____ (Notary Public)