



LARIMER COUNTY SHERIFF'S OFFICE

Justin E. Smith, Sheriff

One Agency One Mission Public Safety

WAIVER OF LIABILITY FOR PHYSICAL FITNESS AGILITY TESTING PARTICIPANT

(Please print)

I, _____ of _____
(Full name) (Address)

For and in consideration of the opportunity to participate in Physical Fitness Testing and avail myself of the opportunity to be considered for employment with the Larimer County Sheriff's Office, I hereby waive all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever against the County of Larimer, Larimer County Sheriff's Office, or any agent or employee of the County of Larimer or the Larimer County Sheriff's Office, arising from or in any way related to any occurrence, accident, injury or damage, while I am attending or performing such testing or related to my consideration for employment.

I have received, reviewed and fully understand and accept the provisions of this Waiver of Liability and the Physical Fitness Testing description provided to me by the Larimer County Sheriff's Office as attached to this Waiver. By signing this Waiver, I certify that I understand this testing will involve periods of physical exertion; that I am physically able to complete the testing; voluntarily agree to participate in the testing; and accept all known and unknown risks associated with this testing.

I understand and agree that this waiver is forever binding on me, my heirs, executors, administrators, agents and assigns.

Applicant Signature _____ Date _____

OPTIONAL: Please have this section completed by your physician if you believe you have a medical condition or injury which may affect your ability to participate in the physical agility testing.

I reasonably believe that the above-named person is physically able to perform the physical agility test of the Larimer County Sheriff's Office without unreasonable risk or injury

Physician signature _____ Date _____

Printed name and address _____
