

CITY OF PALESTINE POLICE DEPARTMENT

POLICE ENTRY-LEVEL PHYSICAL AGILITY TEST

WAIVER OF LIABILITY

By affixing my signature to this document, I acknowledge that I fully and completely understand that my failure to **successfully** complete **any one segment** of the Physical Agility Test will result in my failure to pass the test and will further result in my being unconditionally disqualified as candidate for employment in the capacity of police officer with the Palestine Police Department.

By affixing my signature to this document, I further, without **any** condition or reservation whatsoever release the City of Palestine, the City of Palestine Civil Service Commission, its Police Department, agents, and employees, separately and collectively, in both their public and private capacities, from **any** and **all** liability, claims, suits, demands or causes of action for any damages which may arise from **any** condition, aggravation injury or death which may result from my participating in the said Police Department Entry Level Physical Agility Test. I also understand that I have the opportunity to consult with a physician of my choice **prior to my scheduled test date.**

I further agree that in taking this test, I do so of my own free will, free of duress, and of sound mind and competent to give this waiver of liability. I further agree that while taking this test **I am not an employee or servant of the City.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name

**SUBSCRIBED AND SWORN TO BEFORE ME,** this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the  
State of Texas  
My Commission Expires \_\_\_\_\_