



Fitness Testing Liability Waiver

I have applied for the position of Police Officer with the City of Shakopee. I understand that in order to advance in the candidate evaluation and selection process, I must pass the fitness test. I understand that this testing process is physically demanding. I declare, to the best of my knowledge, that I am in good health and sound physical condition and have no physical disability or impairment or health condition that would prevent me from participating in this test. **I hereby expressly release and hold harmless the City of Shakopee and its representatives, from any liability or claim from damages or injuries which may arise from or result from my participation in the testing process.**

Printed Name of Applicant

Signature of Applicant / Participant

Date