



Providence Police Department



Liability Release Form for Physical Fitness Assessment

In consideration of my application and my voluntary participation in the Physical Fitness Assessment phase of the Officer Recruitment Testing and Examination for the Providence Police Department, I quitclaim, release and dismiss from any and all liability of whatever nature the City of Providence, their agents, officers, servants and employees from any and all liability or claim of damages or injuries that I may suffer, sustain or incur as part of this testing and/or use of the facilities and equipment provided.

I understand that I am accepting for myself full responsibility for any injuries or damages I might suffer from participation in the Physical Fitness Assessment and for any claim or damages that may arise to me or any other person from my participation therein.

I also agree that I will participate in the events comprising the Physical Fitness Assessment, comply with instruction given to me, and refrain from entry to any areas of the assessment facility without direction to do so.

In Witness Whereof, I Have Here unto Set My Hand This _____ Day of
_____, 2015

Name of Candidate: _____

Signature of Candidate: _____

Witness: _____

PROVIDENCE POLICE DEPARTMENT

Public Safety Complex | 325 Washington Street Providence, Rhode Island 02903
401 272 3121 ph | For emergencies, dial 9-1-1

www.providenceri.com