

SMYRNA POLICE DEPARTMENT

PHYSICAL FITNESS TEST

The physical fitness test is a required pre-employment screening process for all Police Officer positions for the City of Smyrna. The fitness test will measure the applicant's physical ability to perform the essential functions of a Police Officer with or without reasonable accommodation. The physical fitness test is conducted by a member of the Smyrna Training Unit that will be using the Cooper Institute's recommended and validated fitness test battery for mandatory testing for public safety employees. Before the fitness test is conducted it is recommended that all applicants have a stress test under the direction of their personnel physician to determine if the applicant can safely undergo the physical fitness test. All applicants are to read this Covenant Not to Sue and Indemnity Agreement and if you agree, please sign below:

COVENT NOT TO SUE AND INDEMNITY AGREEMENT FOR POLICE OFFICER CANDIDATES

In consideration of my application for employment, I hereby covenant with the City of Smyrna and their officials, officers and agents of the City that I will never at any time sue the City of Smyrna and the officials, officers and agents of the City for or on account of any harm, injury or damage which I may suffer arising from the physical fitness test. This includes all risks associated with the fitness test whether foreseen or unforeseen as well as those not disclosed or known to exist. This release applies to damages suffered by me as well as my family, heirs, and assigns as a result of any harm I may suffer.

I agree to hold the City of Smyrna and its officials, agents and employees harmless from any claim by me, family, estate, heirs, or assigns arising out of participation in the fitness test.

I further agree that I will hold harmless and indemnify the City of Smyrna, its agents and employees from any damage to persons or property, regardless of whether arising from my negligence and/or intentional acts, from negligence or wrongful acts, errors or omissions the City of Smyrna, or of the negligence of any other party.

I assume the responsibility of physical fitness and ability to participate in this fitness test. If I do not feel that I am capable of participating in the physical fitness test, I assume the responsibility of informing the fitness test administrators of that fact.

I am of lawful age and legally competent to sign this release and I understand the terms and have signed this document as my own free act.

I have fully informed myself of the contents of this release by reading it before I sign it.

Legal Name (Printed)

Signature

Date

Witness

Date