

**ACKNOWLEDGMENT AND ASSUMPTION OF RISKS AND WAIVER OF LIABILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*print name*), hereby acknowledge that a physical test is required to be considered for appointment as a Deputy Sheriff with the Harford County Sheriff’s Office, and I am further aware of all the components of said physical test.  I am aware that there are risks associated with the physical test and that I may suffer bodily injury and/or experience adverse health conditions arising out of my participation in said physical test.  I hereby represent that I am in reasonably good health such that I have no known health conditions, disabilities, or other physical restrictions that may impair my ability to participate in or complete the physical test or which may be exacerbated or worsened by participating in the test.  In choosing to participate in the physical test, I voluntarily assume any and all risks associated with the physical test, seen or unforeseen, including but not limited to any bodily injury and/or adverse health conditions.  I have read and executed (signed) this document with full knowledge of its significance.

In consideration for being permitted to participate in the hiring process for Deputy Sheriff with the Harford County Sheriff’s Office, and based on the aforementioned acknowledgement and assumption of risks, I voluntarily assume all risks of loss, damage, illness, or injury to my person or property which I may sustain while so engaged in the physical test, or a result thereof, and release the Harford County Sheriff, the State of Maryland, Harford County, as well as each of their officers, agents, and employees, from any and all claims, demands, and causes of action on account [of] any loss or injury, which may occur during my participation in the physical test, or as a result thereof, arising through the alleged negligence, or omission, default, or other action of Harford County Sheriff, its officers, agents, employees, and/or other person or organization associated with the physical test.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Push-Ups**  **(1 minute)** | **Sit-Ups**  **(1 minute)** | **1.5 Mile Run**  **(minutes:seconds)** |
| **18** | **27** | **15:20** |

**HARFORD COUNTY SHERIFF’S OFFICE LAW ENFORCEMENT PT TEST STANDARDS**