



Fort Collins Police Services
Training Unit
2221 S. Timberline Rd.
PO Box 580
Fort Collins, CO 80522
Training Officer Aliya Hess
ahess@fcgov.com

WAIVER OF LIABILITY FOR PHYSICAL AGILITY TESTING PARTICIPANT

(Please print)

I, _____ of _____
(Full name) (Address)

For myself, my heirs, executors, administrators, agents and assigns do hereby waive all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever against the City of Fort Collins, Fort Collins Police Services, or any agent or employee of the City of Fort Collins or Fort Collins Police Services, acting under the color of official authority arising from any occurrence, accident, injury or damage, while I am attending or performing the physical agility testing for the position for which I have applied with Fort Collins Police Services.

I am aware of and acknowledge the presence of COVID-19, a contagious disease, within the City of Fort Collins and that COVID-19 can be spread from person to person. I further acknowledge, and voluntarily assume, the risk that I may be exposed to or infected by COVID-19 by participating in the Fort Collins Police Services Physical Agility Testing (the "Testing") and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, officials, volunteers, program participants and their families. I voluntarily agree to assume all of the foregoing risks related to exposure to COVID-19, accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur from participating in the Testing. In exchange for my participation in the Testing, I agree to release, covenant not to sue, discharge, and hold harmless the City, including Fort Collins Police Services, and its employees, agents and officials, from any liabilities, claims, legal action, damages, costs or expenses that may arise from such COVID-19 related injury, illness, loss, claim, liability or expense.

I have reviewed and fully understand the physical agility test description provided to me by Fort Collins Police Services. I voluntarily accept the terms of this statement and the risks associated with physical agility testing.

On this _____ day of _____, 20____, the physical agility test that I am about to complete was explained to me. I assume all risks associated with the testing process. I am physically able to complete this physical agility test as described in the written materials and as described to me.

Applicant Signature _____ Date _____

OPTIONAL: Please have this section completed by your physician if you believe you have a medical condition or injury which may affect your ability to participate in the physical agility testing.

I reasonably believe that the above-named person is physically able to perform the physical agility test of Fort Collins Police Services without unreasonable risk of injury.

Physician signature _____ Date _____

Printed name and address _____
