



LAPEL POLICE DEPARTMENT

720 Ford Street
P.O. Box 999
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police@lapelindiana.org

Kelly Naselroad
Chief of Police

Physical Fitness Test

Consent Form

I, _____, have submitted my application for the position of POLICE OFFICER with the Town of Lapel. I understand I may be required to pass a physical fitness test in order to have my application considered for said position. I understand that current statewide physical fitness testing for police officers includes muscular strength, muscular endurance, cardiovascular endurance, and musculoskeletal flexibility.

In consideration for being permitted to take this physical fitness test, I hereby release, discharge and agree to hold harmless the Lapel Police Department and it's officers, agents, employees, successors and assigns from any and all liability for personal injury or property damage which I may sustain in any way as a result of my taking this test, whether such injury or damage occurs before, during or after the test, and whether or not such injury or damage occurs in, on or about the premises where the test is conducted. I will assume full responsibility for any such injury or damage, and I do hereby fully and forever release and discharge the Lapel Police Department and it's officers, agents, employees, successors and assigns from any and all claims, demands, damages, rights of action or cause of action present and future, and whether the same be known, anticipated or unanticipated, resulting from or arising out of my taking this physical fitness test.

In the event that my taking this test should result in injuries or damages to person or property and a claim is asserted against the Lapel Police Department, I will hold harmless, defend and indemnify the Lapel Police Department against any claim, demand, damage right of action present and future, whether the same be known, anticipated or unanticipated, resulting from my taking this test.

I further state that I voluntarily take this physical fitness test, and that I recognize and voluntarily assume the risks inherent in taking the test, and that I have to my knowledge no medical condition or risk factor that would prevent my taking this test.

This consent form shall be binding upon my heirs, assigns, executors and administrators.

Printed Full Name

Signature

Date