



WINNEBAGO COUNTY SHERIFF'S OFFICE



WAIVER OF LIABILITY

PHYSICAL ABILITY ENTRY-LEVEL ASSESSMENT

I understand that as part of the examination for the position of Patrol or Correctional Officer, it will be necessary for me to complete a physical fitness test. I have knowledge of the requirements of this physical fitness test and have prepared myself to complete this test. I understand there are inherent dangers and risks associated with physical activity and that I should not complete this test unless I am physically able. I assume all the risk associated with this activity, including but not limited to, bodily injury, sprains, fractures, dislocations, cardiac events, or death. I, for myself, my heirs, executors, administrators, or assigns, hereby release, indemnify, and hold harmless the County of Winnebago, its officials, officers, agents and employees, and the assigned Test Administrators from any and all liability, damage or claim of any nature arising out of, or in any way related, to my participation in the physical fitness test.

Signature: _____ Date: _____

Name (printed): _____

Legal Address: _____

Witness Name (printed): _____

Witness Signature: _____

NOTE: You must bring this form and a picture I.D. that bears your signature (i.e. driver's license) to the test and present them to the Test Administrator. The Test Administrator cannot administer the test to you without an acceptable form of I.D.

This section is for the Test Administrator only

- ❖ Candidates may not be tested unless they present this form and have signed the Waiver of Liability
- ❖ Candidates may not be tested unless they present a picture I.D. that bears their signature
- ❖ Administrator's Signature: _____