



Portales Police Department

Physical Fitness Waiver/Exam



WAIVER OF LIABILITY
City of Portales/ Portales Police Department

Name (Please Print): _____ Age: _____ Sex: _____

Home Address: _____

Home Telephone No.: _____

Next of Kin: _____ Relationship: _____

I, the undersigned, hereby waive any claim for any injury against the City of Portales and the Portales Police Department, any member of the staff, any of its employees or any trainee, which I may either directly or indirectly sustain as a result of my participation in any part or phase of the testing, training and instruction I will receive at the Police Academy or other locations selected for the giving of testing, training and instruction. This agreement shall be binding upon the undersigned, his/her heirs, and assignees.

Signature of Applicant: _____ **Date:** _____

BELOW PORTION IS FOR PPD INSTRUCTOR ONLY

1.5 Mile

Lap 1	Lap 2	Lap 3	Lap 4	Lap 5	Lap 6

300 Meter	Push-ups	Sit-ups

PPD Instructor Signature and Call Sign

PASS / FAIL