



Southwest Florida Public Service Academy

Accident/ Injury Waiver

WHEREAS, the Southwest Public Service Academy has called for an examination to be held for the position of Law Enforcement and/or Corrections Officer Academy Recruit/Trainee.

WHEREAS, _____, the undersigned residing at
(Applicants' Name)

_____, State of _____, have
(Address) (City)

Presented the Southwest Florida Public Service Academy my signed application to participate in the this examination and have been informed that as part of the examination given for this position, it will be necessary for me to demonstrate my strength, endurance, and physical agility/ability by participating in the State of Florida Physical Abilities Test (PAT Test) which will entail:

Exiting a vehicle from a seated position entering the trunk and retrieving a handgun and baton, running a total of four hundred and forty yards, going over a 40" wall, going over hurdles at a height of 24" -12"-18", running serpentine through a series of nine pylons in a straight line, low crawling under a 27" high obstacle for 8', dragging a one hundred and fifty (150) pound dummy for a distance of one hundred feet, and dry firing a handgun a total of 12 times, six in each hand. All obstacles and events in this course will be completed twice with the exception of the dummy drag and the handgun dry firing; at or under a time of six minutes and four seconds. (See attached for a detailed description of the PAT course). I also understand the Physical Abilities Test involves risk of injury or death. I assume this risk and voluntary agree to take part in the test.

NOW, THEREFORE, I, for myself, my heirs, executors, administrators or assigns hereby waive any and all claims against the Southwest Florida Public Service Academy and the Lee County School District themselves, and state agency or member thereof, now or hereafter to accrue for, on account of, because of any injury or damage that I may sustain use of, in connection with, or on account of this physical strength, and ability/agility test, and hereby release the Southwest Florida Public Service Academy and the Lee County School District, or any state agency or member –thereof, from any liability or claim for damages for any injury occurring as a result of this test.

FOR OFFICE USE ONLY

(Applicants Signature/ Date)

Sworn to and subscribed before me this
This _____ Day of _____

Applicants Identification type / Number)

(Witness)