

WAIVER AND RELEASE OF LIABILITY
ADAMS COUNTY SHERIFF'S DEPARTMENT

IN CONSIDERATION of the granting of my request to be permitted to take the Adams County Sheriff's Department *PHYSICAL ABILITY TEST*, I hereby waive any claim for injuries to my person that may arise out of my taking and participating in *PHYSICAL ABILITY TESTS* as administered by Adams County Sheriff's Department sworn personnel. As such applicant, I undertake to assume the risk of all dangerous conditions which may exist on the premises where the tests are administered or the equipment or facilities used, and waive notice of the existence of such conditions and rely on my inspection of the same.

IN FURTHER CONSIDERATION of my being permitted to take the *PHYSICAL ABILITY TESTS*, I hereby release the County of Adams, all its employees and agents, and the institution where the tests are given, its officers and employees from any claim which I may have of any nature whatsoever and for any injuries to my person or damage to my property while taking said *PHYSICAL ABILITY TESTS*.

I have read the foregoing and understand every word of this Release and Waiver.

AGREED TO AND ACCEPTED this ____ day of _____, 20__.

Signed: _____

Print: _____

Address: _____

WITNESS:

Sworn Adams County Sheriff's Department Officers

I, _____, do hereby attest to the fact of being aware of my pregnancy and still choose to participate in this *PHYSICAL ABILITY TEST*. I release the County of Adams, all its employees and agents and the institution where the tests are given, its officers and employees from any claim, which I may have of any nature whatsoever and for any injuries to my person or to my unborn child.