

Winston-Salem Police Department



Waiver and Release Form

I, _____, a participant in the Police Officer Physical Abilities Test offered by the City of Winston-Salem, for and in consideration of the opportunity to participate in the program, do hereby agree as follows:

- (1) I hereby waive for myself, my heirs, executors, administrators or assigns, any and all claims, demands, actions or causes of action, against the City of Winston-Salem, its officers, agents and employees, of whatever kind or nature may arise in any manner by reason of injury or damage to my person or property or both while participating in this program in any manner.
- (2) I do hereby covenant and agree that I will never instigate any suit or action against the City of Winston-Salem, its officers, agents or employees, for damages or loss or injury of any kind for or on account of any damages, loss or injury to my person or property or both which may arise in any manner while I am participating in this program.
- (3) This agreement holds harmless the City of Winston-Salem, its officers, agents and employees for any injury, including but not limited to claims for wrongful death, arising in any manner to me while participating in this program.
- (4) I understand that my participation in the program is completely voluntary.

I further declare and acknowledge, by my signature set out below, that I have read the description of the Police Officer Physical Abilities Test in its entirety and fully understand that such test may require arduous physical exercise, and I further declare that I am physically capable of participating in said program of exercise and knowingly and intelligently waive any right or claim against the City for injuries resulting therefrom.

I have read the foregoing waiver and covenant not to sue and understand that it constitutes a formal legal document.

Participant's Signature _____

Print Participant's Name _____