

**County of Riverside
PHYSICAL AGILITY TEST
CERTIFICATION, WAIVER, & RELEASE**

I, _____, hereby certify and acknowledge that:
(Please print first and last name)

1. I have been advised that a physical agility test is part of the selection process for the position of DEPUTY SHERIFF TRAINEE and/or CORRECTIONAL DEPUTY with the **County of Riverside** a position for which I have applied.
2. I am fully informed of the nature and the extent of the tasks required by the physical agility test.
3. I have no known medical, physical, psychological, or other reasons that would prevent me from participating in the physical agility test.

THEREFORE, in consideration for permitting the above-named and undersigned applicant to participate in the physical agility test, the undersigned hereby voluntarily released, discharges, waives, and relinquishes any and all actions of causes of action for personal injury, property damage, or wrongful death occurring or arising as a result of any of the following: receiving instructions in the physical agility test, any activities incidental to the physical agility test, or the actual engagement in the physical agility test. The undersigned agrees that under no circumstances will he / she or his / her heirs, executors, administrators, or assigns prosecute, present any claim for personal injury, property damage or wrongful death against the County of Riverside, Riverside County Sheriff's Department, the City of Riverside or any of their officers, agents, servants, or employees for any of the said causes of action, whether the same shall arise by negligence of any of the said persons otherwise.

IT IS THE INTENTION OF THE APPLICANT AND UNDERSIGNED BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE COUNTY OF RIVERSIDE, RIVERSIDE COUNTY SHERIFF'S DEPARTMENT, THE CITY OF RIVERSIDE AND ANY OF THEIR OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned acknowledges that he / she has read the foregoing certification, waiver & release and understands full the contend thereof, and that he / she has been completely advised of the potential dangers incidental to engaging in the physical agility test, and that he / she is fully aware of the legal consequences of signing the within instrument.

Signature: _____ Date: _____
Applicant

Signature: _____ Date: _____
Witness (to be signed by Testing Personnel)