

CONFIDENTIAL

SEABROOK POLICE DEPARTMENT

7 Liberty Lane

Seabrook, New Hampshire 03874

PHYSICAL FITNESS ASSESSMENT WAIVER FORM

WHEREAS, the undersigned seeks employment as a police officer for the Town of Seabrook, and;

WHEREAS, the Seabrook Police Department requires all candidates to take a physical ability test, and in consideration of the acceptance of my waiver/application for employment by the Town of Seabrook and the administering of the various tests and procedures to process said waiver/application; I do for myself, my heirs, executors and administrators, certify to the Town of Seabrook that I am in good health and know of no physical or medical reasons why I should not take such physical ability test; and I do release and discharge the Town of Seabrook, its officers, employees, servants and agents, of and from any and all claims, demands, actions, causes of actions and suits at law or in equity for any and on account of any and all injuries, disabilities, physical and mental diseases, damage, losses and expenses that may be sustained by me now or hereafter, as a result of my taking said physical ability test.

Testing Date: TBD

CANDIDATE'S NAME: _____

SIGNATURE OF CANDIDATE: _____

The above named signed before me _____ this _____ day of _____ 2016.

Justice of the Peace/Notary of the Public

Commission Expires

An Equal Opportunity Employer