



LIABILITY RELEASE AND STATEMENT OF HEALTH STATUS

I, _____, do hereby release The University of Arizona, The University of
Applicant's name (print)
Arizona Police Department, its Staff, Instructors and any authorized representatives from any liability
for any injury, which may result from my participation in this course of pre-employment physical
fitness training.

This is to certify to the best of my knowledge my present physical condition will permit my
participation in the pre-employment assessment with The University of Arizona Police Department.

*I understand that active participation in this physical activity course could result in injuries. I also
understand that The University of Arizona does not provide Health Care Coverage related to my
participation in these activities. Nevertheless, I choose to participate in this pre-employment activity
by my own free will and accept all elements of risk involved. I agree to follow all safety guidelines
indicated through instruction.*

Applicant's Information:

Name: _____
Phone #: _____
Address: _____
City/State/Zip: _____

I confirm and agree with the above:

Signature

Date