DEPARTMENT OF STATE POLICE

Name: _____ Candidate No.#:_____

Print Neatly

Physical Fitness Screening Release Form

In consideration of the Commonwealth of Massachusetts Department of State Police permitting me to participate in the physical fitness screening for appointment to the State Police Academy, as conducted by the Department of State Police and, in order that I might further my own interest and ability to qualify as an applicant for the Department of State Police, I assume all risks and hereby agree that I, my heirs, distributees, guardians, legal representatives and/or assigns fully release, waive, discharge, and/or hold harmless the Commonwealth of Massachusetts, Department of State Police, its employees, agents and/or, if applicable, owners and/or lessors of premises used to conduct the testing, from any and all suits, causes of actions, claims, demands, losses and/or damages on account of any injury or harm, including death or damage to property, on account of, arising from, or in any way connected with my participation in such physical fitness screening.

I further state that I am not suffering from any condition, medical, or otherwise, including but not limited to injury, virus, or illness, that would in any way hinder or preclude me from taking the physical fitness screening.

This release of liability and assumption of risk agreement is executed freely and voluntarily, with full knowledge of the contents included herein.

WITNESS MY HAND ON THIS _____DAY OF _____, 2026

_____ _____

APPLICANT NAME (Please Print) WITNESS NAME (Please Print)

_____ _____

APPLICANT SIGNATURE WITNESS SIGNATURE

Emergency Contact: Print Name: _____ Phone Number: _____

Print Name: _____ Phone Number: _____

This form needs to be witnessed by a person of 18 years or older. Notary is <u>not</u> required.