



Kingston Civil Service Commission

City Hall
420 Broadway, Kingston, NY 12401
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RELEASE OF LIABILITY FORM

WHEREAS, the City of Kingston Civil Service Commission has called an examination to be held for the position of Police Officer.

WHEREAS, I _____ the undersigned residing at

_____ have presented to the City of Kingston Civil Service Commission my signed application to participate in this examination and have been informed that as part of the examination given for this position, it will be necessary for me to demonstrate my strength, endurance, and physical fitness in a series of tests.

NOW, THEREFORE, I, for myself, my heirs, executors, administrators, or assigns hereby waive any or all claims against the Civil Service Commission of this city, the city itself, and any state agency or member thereof, in connection with, or on account of this physical fitness test and hereby release the Kingston Civil Service Commission, the city, or any state agency or member thereof, from any or all liability or claim for damages for any injury occurring as a result of these tests.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

_____ day of _____

Candidate Signature

WITNESS: (Notary Public)

Release to Participate in the Physical Fitness Screening Test

As part of your examination for Police Officer, you must complete a physical fitness screening. The following is a brief description of the test battery:

Sit-up Muscular endurance (core body) – The score indicated below is the number of bent-leg sit-ups performed in one minute.

Pushups Muscular Endurance (Upper Body) - The score indicated below is the maximum number of full body repetitions that a candidate must complete without breaks

1.5 Mile Run Cardiovascular Capacity- The score indicated below is calculated in minutes:seconds.

AGE/SEX-40%

MALE	SIT-UP	PUSHUPS	1.5 MI RUN
20-29	38	29	12:38
30-39	35	24	12:58
40-49	29	18	13:50
50-59	24	13	15:06
60+	19	10	16:46

FEMALE	SIT-UP	PUSHUPS	1.5 MI RUN
20-29	32	15	14:50
30-39	25	11	15:43
40-49	20	9	16:31
50-59	14	N/A	18:18
60+	6	N/A	20:16

If a candidate does not successfully score for each of the elements of the test battery, the candidate shall not be deemed to have successfully completed the test.

Candidate's Release Statement: Having read this form, and having understood the test procedures, I consent to participate. I understand that the above test may cause physical and mental stress upon my body and I have consulted with and been approved by my physician before engaging in this activity. I agree and understand the City has no knowledge of any of my current or past medical conditions and the City conducts these tests based upon my representation that I am physically and mentally able to perform these tests. I assume legal responsibility and release the City of liability for any and all possible injury, damages or conditions, whether physical or mental, arising or alleged to arise from my participation in this test.

Candidate's Signature: _____

Physician's Release Statement: I certify that: _____

() is physically capable of performing the physical fitness screening test as described; or

() is not physically capable of performing the physical fitness screening test as described (attach specifics, including anticipated date candidate will be able to participate)

Physician's Name (Print): _____

Signature: _____

Date: _____