



**PEACE OFFICER STANDARDS AND TRAINING (POST)
PHYSICAL READINESS TEST
WAIVER FORM**

APPLICANT'S FULL NAME: _____ **POST ID #** _____ - _____ - _____
LAST 4 #s of SSN First 4 Letters of First Name Day of Birth (01—31)

Circle One		
Yes	No	Do you have any known medical, physical or psychological impairment which would cause work limitations or hamper you in completing this physical readiness test?
Yes	No	If yes to the above question, are you under a doctor's care for the impairment?
If you answered yes to either of these questions, please explain on the back of this form and talk with the person giving the assessment test.		

By participating in the physical readiness test, I hereby assume all risks associated thereto and I hereby voluntarily release, discharge, waive, and relinquish, for myself, my heirs and assigns any and all claims against the State of Idaho, Peace Officer Standards and Training, or any of their officers, agents, employees for any causes of action, or for any and all injuries occurring to me arising as a result of engaging in or receiving instructions in the physical readiness test or any activities incidental thereto. I understand that the physical readiness test is rigorous and involves both cardiovascular and musculoskeletal testing, and that POST is not providing insurance to me against medical or physical injuries that may occur while participating in this assessment.

I acknowledge that I have read the foregoing certification, waiver and release and understand fully the contents thereof, and that I understand the potential dangers incidental to engaging in the physical readiness test, and that I am fully aware of the legal consequences of signing this waiver and release.

I further acknowledge that I have been advised that the physical readiness test is a required part of the POST certification process for which I have applied. I have been fully informed of the nature and extent of the tasks required by the physical readiness test.

(Signature of Applicant)

(Date)