



**COOK COUNTY SHERIFF'S BUREAU OF
TRAINING, EDUCATION & OPERATIONAL POLICY**
THOMAS J. DART, SHERIFF
MICHAEL SCHASSBURGER, EXECUTIVE DIRECTOR



**SHERIFF'S POLICE ACADEMY
BUREAU OF TRAINING**

**DEPARTMENT OF CORRECTIONS ACADEMY
COURT SERVICES ACADEMY
OPERATIONAL POLICY**

PHYSICAL AGILITY TEST RELEASE AND WAIVER

Date: _____

To: Michael Schassburger, Executive Director
Cook County Sheriff's Bureau of Training, Education & Operational Policy

From: Applicant _____
(Applicant, please **PRINT** your full name)

I understand that the **Cook County Sheriff's Office** mandated **Physical Agility Test**, requires a degree of physical strength and agility and I recognize and acknowledge that there are certain risks of physical injury. As a participant in the **Cook County Sheriff's Office** mandated **Physical Agility Test**, I agree to assume all risks and to release, remise and discharge the Cook County Sheriff's Office, Cook County of Illinois, the Sheriff of Cook County, Moraine Valley Community College, and/or any of its employees and/or agents thereof from any and all claims, demands and liabilities to me, my family or heirs as the direct or indirect result of any and all injuries, death, losses and/or damages to my person or property, I may consider to have been caused or may arise as the result of participating in any and all activities connected with or associated with the **Physical Agility Test**, including any errors or omissions by either the Cook County Sheriff's Office, its agents or employees, and/or any conditions or latent defects in and on the premises where the particular test is given; which are alleged to be the proximate cause of my injury.

I hereby affirm and declare that I have read all the foregoing terms, conditions and declarations and I fully understand and agree with them. In addition, I have reviewed the requirements of the **Physical Agility Test** and have discussed my physical ability to perform these tests with my physician.

Name: (Print) _____

Signature: _____

Date: _____

YOU WILL NOT BE TESTED UNLESS YOUR SIGNATURE HAS BEEN NOTARIZED.
(If you do not know what a notary is, call our office when you receive this document. ((708) 974-5700)

NOTARY:→

Applicant: This form must be completed in its entirety and you must bring it with you on your scheduled Physical Agility Test date. Failure to follow these instructions will result in your disqualification.

MORaine VALLEY COMMUNITY COLLEGE
9000 W. COLLEGE PKWY., BUILDING A140
PALOS HILLS, IL 60465
TELEPHONE: (708) 974-5700