

AUSTIN POLICE DEPARTMENT
POLICE OFFICER CANDIDATE AGILITY TEST

CANDIDATE'S NAME _____ TEST DATE _____

This is the minimum physical fitness requirement for all officers entering the police service with this department. All job-related exercises must be completed in the allotted time. NO SCORE IS GIVEN – ONLY A PASS OR FAIL.

	<u>TASK</u>	<u>TIME</u>	<u>RESULT</u>	
1.	Run ¼ mile. (1 lap around the high school track, or 1.6 laps on YMCA running track)	1:45 sec.	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
2.	Climb 6 ft. chain link fence (starting with foot on cement foundation)	:20 sec.	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
3.	Climb 12 flights of stairs while wearing a tactical vest	2:00 min.	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
4.	Pull/move 175-pound body 30 feet over the floor surface.	:15 sec.	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

WAIVER

Please read carefully before signing.

1. I certify that I am at least eighteen (18) years of age and am legally competent to sign this Waiver and Release.
2. I, the undersigned applicant, do wish to participate in City of Austin – police department agility test (“Activity”).
3. My participation in the Activity is voluntary. I acknowledge that participating in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I know and am aware of all the dangers associated with my participation in the Activity and with such knowledge assume any and all such risks while participating in the Activity. Such risks include: (1) minor injuries such as bruises and sprains; (2) major injuries such as joint or back injuries, broken bones, cold-related injuries and heart attacks; and (3) catastrophic injuries including paralysis and death.
4. I am aware that the presence of physical obstacles and physical requirements as described on the reverse side of this waiver may present an added risk to injury in addition to the injuries that may occur due to the physical requirements for completion of the Activity.
5. To the best of my knowledge I am physically fit and have no physical or medical conditions that would prevent me from participating in the Activity. I acknowledge that the City recommends that prior to participating in the Activity, I should first consult with my

physician and abide by any limitations set by my physician. I consent to receive medical treatment deemed advisable in the event of injury, accident or illness; in the event I am unable to give consent during the Activity.

6. I understand and agree that neither the City or any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activity which may result in harm, death, injury or other damage to me. This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.
7. I agree to comply with all rules related to the Activity. If I observe any unusual or significant hazard during my participation in the Activity, I will stop participating and immediately notify a representative of the City.
8. I agree to defend, indemnify and hold harmless the City for any expense or liability the City may incur as a result of my conduct, actions or omissions while participating in the Activity.
9. It is my express intent that this Waiver and Release shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
10. I grant permission for the use of any photographs, motion pictures, recording, or any other record of my participation in this event for any legitimate purpose, without financial or other compensation or royalties.
11. I have read the above and understand the legal significance of signing this document.

Candidate's Printed Name _____

Candidate's Signature _____ Date _____

Witness _____ Witness _____

WITHDRAWAL

I, the undersigned applicant, believe I am physically unable to perform or attempt to perform the above-described agility test and that I am voluntarily withdrawing my name from the Civil Service eligibility list for a position with the City of Austin – police department.

Candidate's Printed Name _____

Candidate's Signature _____ Date _____

Witness _____ Witness _____

RESULT: PASS

 FAIL