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Civil Service Commission
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Erick Javaneau
Commissioner

INFORMED CONSENT – PHYSICAL ABILITY TEST
(Entry-Level Police Patrol Officer Applicant)

I, the undersigned, hereby give informed consent to participate and engage in physical fitness tests including but not limited to: stair climb with equipment, obstacle climb over, obstacle climb under, obstacle jump over, victim removal, trigger pull and stair descent with equipment. The purpose of the testing is to ascertain my level of physical fitness for job task performance capability. I understand that there are inherent risks associated with any physical activity, and there are inherent risks specifically associated with the testing including but not limited to slipping, tripping, falling and collision. I further understand that certain detrimental physiological changes may occur during such testing. These changes could include heat related illnesses, orthopedic injuries, abnormal cardiovascular conditions (heartbeat, blood pressure) and in rare instances, a heart attack or risk of death.

Neither the City Pueblo, Colorado, nor its employees, has any method to verify the physical condition of any applicant prior to participation in the testing. Therefore, the City of Pueblo, Colorado, does not assume any responsibility for your health condition or the effects that the physical testing could have relative to your health and/or any known or unknown health. I understand that it is my sole responsibility to determine whether I am physically able to perform the testing. I further understand that I am responsible for monitoring my own condition throughout the testing and should any unusual symptoms occur, I will cease my participation and inform the monitor.

I hereby release and hold harmless the City of Pueblo, Colorado, and their officers, officials, employees, agents and assigns, in both their official and individual capacities, from any and all claims, of any nature, relating to or arising out of the testing, including but not limited to claims for personal injury or death. In the event of a medical problem, I further acknowledge that any medical care that may be required is my personal financial responsibility.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of this testing. I also affirm that my questions regarding the tests have been answered to my satisfaction.

Name of Applicant

Last 4 of SSN

Email Address

Phone Number

Signature

Date Signed

***** Note: electronic signatures are not accepted at this time. *****