

CONWAY POLICE DEPARTMENT
WAIVER OF LIABILITY

I, _____, do hereby certify that I am physically fit to participate in the Physical Agility Test for Police Officer, to be administered by the Conway Police Department.

I further certify that a copy of the Physical Agility Test Entry Level Requirements has been provided to me in advance, that I have reviewed the Entry Level Requirements (copy attached) and there are no medical reasons that I am aware of, or have made the Conway Police Department aware of, that would prohibit me from participating.

I further understand that by participating in the Physical Agility Test with the Conway Police Department, and by signing this **Waiver of Liability**, I hold the Conway Police Department, to include all officials and employees thereof, and the New Hampshire Police Standards and Training Academy harmless from all civil actions and/or medical costs arising from injuries that might occur because of my participation in the Physical Agility Test.

I further agree to indemnify the Conway Police Department, to include all officials and employees thereof, and the New Hampshire Police Standards and Training Academy for any and all costs incurred, including attorney fees, should I or anyone representing my interests, file any civil action to collect for injuries sustained during my participation in the Physical Agility Test.

Printed Name of Participant

Signature of Participant

Date

PHYSICAL AGILITY TEST ENTRY LEVEL REQUIREMENTS

SIT-UPS - 1 MINUTE		
	MALES	FEMALES
AGE BRACKET	ENTRY	ENTRY
18-29	37	31
30-39	33	24
40-49	28	19
50-59	22	12
60+	18	5

PUSH-UPS			
	MALES	FEMALES	
AGE BRACKET	ENTRY	ENTRY <small>Modify Full Body</small>	
18-29	27	22	14
30-39	21	17	10
40-49	16	11	8
50-59	11	10	-
60+	9	4	-

1.5 MILE TIMED RUN		
	MALES	FEMALES
AGE BRACKET	ENTRY	ENTRY
18-29	12:53	15:14
30-39	13:24	15:58
40-49	14:07	16:46
50-59	15:20	18:37
60-69	17:11	20:46
70+	19:39	22:20

