

**CITY OF CHICAGO
CHICAGO POLICE DEPARTMENT**

PHYSICAL FITNESS INCENTIVE

**Participant Testing Release
And
Waiver and Release of All Claims**

Date: _____

From: _____
(Candidate, please print your full name)

This Testing Release and Waiver of All Claims provides you with information about the Physical Fitness Incentive test and requires your consent to participate in the process. You must sign this form before you will be permitted to take this test. The Agreement between the City of Chicago and the Fraternal Order of Police _____ Lodge _____ No. _____ Agreement Regarding Physical Fitness in which it has been agreed, through negotiations, that officers will complete this waiver.

DESCRIPTION OF THE TEST

You must successfully complete these physical fitness activities: sit & reach, sit-ups, bench press, and a 1.5 mile run according to the standards set forth below for your age and gender. Find your age group and gender on the chart below and you will know the number, speed, or percentage at which you will attempt to perform the specified task.

Standards	Male	Male	Male	Male	Female	Female	Female	Female
Age	21-29	30-39	40-49	50-+	21-29	30-39	40-49	50 -+
Sit & reach	16"	15"	13.8"	12.8"	18.8"	17.8"	16.8"	16.3"
Sit-up	37	34	28	23	31	24	19	13
Bench press	98%	87%	79%	70%	58%	52%	49%	43%
Run	13:46	14:31	15:24	16:21	16:21	16:52	17:53	18:44

PARTICIPANT ACKNOWLEDGMENT OF RISK AND RELEASE

I understand that the Physical Fitness Incentive test requires a degree of physical exertion and agility and that my participation in this test subjects me to risk of physical injury including

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permanent disability, severe social and economic losses and death. I also acknowledge that there may be other risks not known or not reasonably foreseeable at this time. I agree to assume full responsibility for any and all such risks, illness, injuries, or death and I agree to hold harmless the City of Chicago and/or any of its elected officials, officers, employees, agents, servants, from any liability to me, my heirs and next of kin for any and all claims, demands, losses or damages resulting from my participation in the Physical Fitness Incentive test. Only I can decide which activities are appropriate for me to attempt based upon what I know of my medical history, condition, and physical fitness abilities. I agree that my participation in the Physical Fitness Incentive is voluntary and is being done on my own time and does not constitute an on-duty activity.

INDEMNITY AND DEFENSE

I further agree to indemnify and hold harmless and defend the City of Chicago and its elected officials, officers, employees, agents, servants, from any and all claims resulting from injuries, including death, damages and losses sustained by me and/or others arising out of, connected with, or in any way associated with the activities of the physical agility test, including any errors or omissions by either the City of Chicago, its elected officials, officers, employees, servants, and/or any conditions or defects in or on the premises where the particular test is given.

By executing this document, I expressly consent to my participation in the Physical Fitness Incentive test pursuant to the above Participant Testing Release and Waiver of All Claims, sign it voluntarily and understand that I have given up substantial rights by signing it.

Print Name: _____

Signature: _____

Date: _____

Witness: _____