



# CLALLAM COUNTY

COUNTY COURTHOUSE  
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## **WAIVER AND RELEASE FOR PHYSICAL AGILITY TESTING**

I, the undersigned, acknowledge that I have willingly chosen to participate in the Clallam County physical agility test for deputy sheriff, corrections deputy or juvenile detention officer candidates. I am participating voluntarily for my personal benefit as an applicant and not as an employee of Clallam County.

I have received advance notification of the tests which will be administered. I have had the opportunity to consult my personal physician and have done so or have chosen not to. I understand the potential for serious injury including, but not limited to, pulled, torn or sprained muscles and/or ligaments, broken bones and heart attacks or death. I have had an opportunity to familiarize myself with the associated risks or consult with someone to assist me and I agree to assume all risks known and unknown.

I hereby release the County of Clallam and its elected and appointed officials, employees, and agents from any liability for injuries or death which may occur as a result of my participation in the deputy sheriff/corrections officer physical agility tests.

I agree to defend, indemnify and hold Clallam County, its elected and appointed officers, employees and agents harmless from any and all liabilities, claims, demands, actions, lawsuits, damages and costs and expenses of any kind, including reasonable attorney fees, by anyone whomsoever, arising out of or in any way connected with my participation in the physical agility test.

I sign this waiver and release willingly and of my own volition without coercion of any kind. I understand that by signing this form I give up all rights whatsoever to recover damages from the County of injury or death arising out of the physical agility testing.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date