PARTICIPATION INFORMATION FORM
AND
RELEASE OF LIABILITY CONSENT FORM

The North Charleston Police Department's fitness test has been developed in accordance with the South Carolina Criminal Justice Academy's Physical Abilities Test (PAT). The North Charleston Police Department's training and testing will be administered by a qualified member of the training staff. It is the responsibility of the test administrator to ensure every step is taken to promote the personal safety of the participant.

Because the events require a degree of physical exertion, these protocols should have been supplied to the applicant so as to provide a reasonable opportunity for familiarization and preparation. You have been given the overview of the test that you are about to undertake and will be expected to complete.

Every individual participating in the North Charleston Police Department's fitness testing is encouraged to carry his/her own health/accident insurance coverage at this stage. The North Charleston Police Department does not offer any medical insurance to the applicant and does not claim to do so. Certain medical/health information must be made known to the administrator when conducting the testing, so that they are prepared to respond properly if the need arises. This information will be held in confidence.

Please note that the North Charleston Police Department cannot make a medical determination of your physical fitness to participate in this test. Only you or your physician can make this determination.

Please complete the attached form and return it to the testing administrator prior to participating in any activities.

Participant Name (Please Print)

NORTH CHARLESTON POLICE APPLICANT FITNESS INFORMATION

Name: _____

1. Do you have health/accident insurance? Yes, ___ No ____

2. Do you have allergies, reactions to medications, or other medical limitations that may impair your involvement in the testing? Yes, ___ No ____

If yes, please identify and explain:

_____

_____

3. Has your physician advised you that you either cannot or should not participate in physical activities or that you should not participate at this time without his/her permission? Yes, ___ No ____

RELEASE OF LIABILITY

I understand that the physical testing for the North Charleston Police Department may be physically demanding. I affirm that I do not have any medical or physical limitations and that I am not under a physician's care for any condition, disclosed or undisclosed, that might endanger my health or that of other participants. I understand and acknowledge that the North Charleston Police Department does not offer any medical insurance to protect against risk, makes no claim to do so, and has no responsibility for any medical expenses I incur. I understand that each participant must assume the risk of injury and any related financial responsibility that could result from participation in the physical testing. I agree to assume these risks and such financial responsibility. I release the North Charleston Police Department, the City of North Charleston, and its staff members from all liability for any injury to me from participating in the North Charleston Police Department's physical fitness testing.

_____ _____

Participant's Signature Date

_____ _____

Witness Date