

RELEASE OF ALL CLAIMS AND ASSUMPTION OF THE RISK

WARNING

READ CAREFULLY BEFORE SIGNING. THIS INSTRUMENT PREVENTS ALL LIABILITY ON BEHALF OF THE MIAMI COUNTY SHERIFF FOR ANY INJURY YOU MAY RECEIVE WHILE PARTICIPATING IN THE PHYSICAL FITNESS ASSESSMENT TESTING AS AN APPLICANT FOR THE SHERIFF'S OFFICE AND HAS LEGAL CONSEQUENCES IN THAT THE SAME WILL BAR YOU FROM ANY CLAIM OR RECOVERY AGAINST THE MIAMI COUNTY SHERIFF. IF YOU DO NOT FULLY UNDERSTAND THIS INSTRUMENT, YOU SHOULD CONSULT AN ATTORNEY BEFORE SIGNING THE SAME.

As an applicant for a position within the Miami County Sheriff's Office, you will be asked to take a physical fitness assessment test that involves strenuous exercise, including but not limited to, running, performing sit-ups, bench press, sit and reach, etc. You are not required to perform any physical fitness assessment test that would overexert your capabilities or cause injury or discomfort and you are requested to cease performing any test procedure if, in your judgment, you are overexerting yourself. You are to be the sole judge as to what physical activities you are capable of undertaking as well as the extent of such activities with the knowledge that overexertion on your part can cause serious physical injury. Applicants are encouraged to consult with their personal physicians before engaging in this testing to determine the advisability of participation.

Having read the above and being advised of the potential dangerous nature of performing the physical fitness assessment tests beyond capacity and capability of my body, I do hereby assume the risk of any and all injury and damages as a result of my participation in said physical fitness assessment tests and assume full responsibility for any consequences of my participation therein.

The undersigned does further, hereby, release the Miami County Sheriff and/or any of its agents or employees from any and all claims, demands, or causes of action of any nature whatsoever based upon, or in any way arising from, the participation of the undersigned in the aforesaid physical fitness assessment testing.

Dated this _____ day of _____, 20_____.

Applicant's Signature

Witness