Children, relatives, and friends will not be admitted to the prep testing site. Current peace officers are instructed not to bring their weapons into the testing site.

CHICAGO POLICE DEPARTMENT
HUMAN RESOURCES DIVISION
Investigations Section

Testing Release and Waiver of All Claims – POWER TEST
1300 W. JACKSON BLVD, CHICAGO, IL 60607

Date: ___________ ______, 2019

TO: Human Resources Division

FROM: Applicant ________________________________
(Applicant, Please PRINT your full name)

I understand that the Police Department's STATE OF ILLINOIS mandated PHYSICAL FITNESS STANDARDS EXAMINATION (colloquially called the POWER TEST), requires a degree of physical strength and agility. I am in good physical health and to the best of my knowledge suffer from no physical condition that would prevent my taking this test. I agree to assume all risks and to hold the City of Chicago and/or any of its employees and/or agents free from liability for any loss or injury which may result from taking this physical fitness test.

Acknowledgment of Risk of Injury

As a participant in the Police Department’s STATE OF ILLINOIS mandated PHYSICAL FITNESS STANDARDS EXAMINATION (colloquially called the POWER TEST), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injury, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such physical performance tests.

Indemnity and Defense

I further agree to indemnify and hold harmless and defend the City of Chicago and its elected officials, officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the Police Department's STATE OF ILLINOIS mandated PHYSICAL FITNESS STANDARDS EXAMINATION (colloquially called the POWER TEST), including any errors or omissions by either the City of Chicago, its agents or employees, and/or any conditions or latent defects in and on the premises where the particular test is given; which are alleged to be the proximate cause of my injury.

I have read and fully understand the above Waiver and Release of All Claims.

__________________________
Print Name

__________________________
Signature

__________________________
Telephone #

__________________________
Witness

PPWRAWR2019