



OKANOGAN COUNTY JUVENILE AND FAMILY SERVICES

PHYSICAL ABILITY TEST WAIVER OF CLAIM FOR INJURY

I am choosing to participate in the Physical Ability Test. I understand that I will be asked to perform the following three (3) physical ability tasks:

1. Push Ups
2. Sit Ups
3. Squat thrusts

I have reviewed information regarding the physical ability test that will be administered. I have had the opportunity to consult my personal physician and have done so or chose not to. I understand that the physical ability tests are strenuous and hold the potential for serious injury. I acknowledge that I have willingly chosen to participate in this testing.

Accordingly, on behalf of myself and my estate, I hereby release and hold harmless, Okanogan County and all other jurisdictions to whom the test results may or may not be applied or reported, from any and all cost, claim, liability, damage, or cause of action which may result from or out of this testing process, including but not limited to death, physical injury or monetary loss of any kind or nature. I promise to hold harmless and indemnify such companies, agencies, municipalities and/or jurisdictions, from any and all loss, claim, liability, damage, cause of action or cost of defense and/or liability arising out of the testing process, including the reasonable costs of defense by counsel of the entities' choosing, PROVIDED, HOWEVER, this release and promise to indemnify shall not be interpreted to require me to release, and hold harmless or indemnify any party from the consequences of an intentionally tortious act which shall arise from or out of such process.

I sign this waiver and release willingly and of my own volition. I understand that by signing this form I give up all rights whatsoever to recover damages arising out of the testing process.

PRINT Last Name: _____ PRINT First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City, State, ZIP: _____ Phone: (____) _____

Driver's License #: _____ State: _____ Date of Birth: _____

Applicant Signature: _____ Date: _____

Okanogan County Staff Witness: _____ Date: _____



WA State Criminal Justice Training Commission Physical Ability Test

LAST NAME	FIRST & MIDDLE	MM / DD / YYYY	MM / DD / YYYY
D.O.B		TODAY'S DATE	

Please check box for which test will be administered

BLEA Class:

COA Class:

Juvenile Corrections:

AGENCY: _____

EVENT	BLEA Minimum to Pass	COA Minimum to Pass	Juvenile Corrections Minimum to Pass	REST TIME	COUNT	PASS / FAIL
PUSH-UPS (90 Sec Test Time)	20	15	10	3 Minute Minimum		
SIT-UPS (90 Sec Test Time)	25	12	12	5 Minute Minimum		
SQUAT THRUSTS (3 Min Test Time)	35	25	15			

OVERALL TEST RESULTS	PASS / FAIL
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I HEREBY CERTIFY THAT THIS PHYSICAL ABILITY TEST WAS ADMINISTERED TO THE RECRUIT AND THAT THE RECRUIT'S POINT SCORE HAS BEEN FULLY AND ACCURATELY RECORDED.

Proctor Name: _____

Date: _____

Proctor Signature: _____