



Cedar Lake Police Department

7408 Constitution / P.O. Box 305

Cedar Lake, Indiana 46303

Phone 219-374-5416 Fax 219-374-9231

Physical Agility Test Informed Consent

I, _____ authorize the Town of Cedar Lake to administer and conduct a physical agility test designed to determine my physical work capacity. I understand that the following test will be administered.

The Cedar Lake Police Department entry level physical agility test shall consist of candidates performing the following exercises in a consecutive manner. The agility test incorporates the standards established by the Indiana law Enforcement Training Board for entry level police officer candidates.

TEST

EXIT STANDARDS

Vertical Jump

16 Inches

One Minute Sit Up

29 Complete

300 Meter Run

71 Seconds

Maximum Push Up

25 Complete

1.5 Mile Run

16 Minutes, 28 Seconds

Every effort will be made to conduct the test in such a way to minimize discomfort and risk to the Applicant.

I, _____, do hereby waive for myself, my heirs, and assigns any and all claims for damage against the Town of Cedar Lake and all individuals assisting in this testing process, if any injuries are received as a result of this testing. I attest and verify that I am physically fit and sufficiently trained to be a participant in this testing process. I have submitted a medical authorization to participate in the agility test.

Signature of Applicant

Date