APPLICANT’S RELEASE FORM

_________________________________________ an applicant for employment with the City of Hobbs Police or Fire Department, hereby acknowledges that he/she is required to undergo the agility tests listed on the attachment hereto.

Applicant hereby states that he/she is of good health and has no medical conditions that these tests would aggravate. Applicant specifically releases the City of Hobbs from any and all claims that he/she may have or that may be made on his/her behalf or by other persons claiming by or through applicant by reasons of injuries or harm that may result to the applicant from participating in these agility tests.

Applicant’s Name (print or type)

Applicant’s Signature Date

PHYSICIAN’S CONSENT

I have reviewed a description of the physical fitness demonstration and physical requirements for the position of Police Officer/ Fire Fighter and certify that ___________________________________ is of good physical health and has no medical conditions that would be aggravated by the fitness demonstration to be administered by the City of Hobbs.

Physician’s Signature

Physician’s Office Address

Physician’s Phone Number