

**DO NOT TURN THIS FORM IN WITH YOUR APPLICATION IT  
MUST BE PRESENTED AT TIME OF TESTING**

**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

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**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