





**PHILADELPHIA POLICE DEPARTMENT/ POLICE EXPLORER CADET  
PHYSICAL FITNESS/AGILITY TEST  
WAIVER AND RELEASE**

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I, the undersigned, hereby agree to participate in the Physical Fitness/Agility testing as conducted by the Philadelphia Police Department / Philadelphia Police Explorer Cadet Program as part of its applicant acceptance process for the position of Philadelphia Police Explorer Cadet. I understand that this test is difficult and physically demanding. I also agree to advise the City of Philadelphia of any injuries, pre-existing conditions or other physical limitations that could be aggravated or that would otherwise preclude my participation in any aspect of the testing procedure.

I understand that I have had the opportunity to consult with a physician prior to the agility test or have intentionally chosen not to do so.

I understand and agree that I assume any and all risk and liability for losses, damages, personal injuries, or death, which I may suffer or sustain while performing in the physical agility test.

I also understand and agree that I, for myself, my heirs, executors, and administrators hereby release the City of Philadelphia, Philadelphia Police Department, and the Philadelphia Police Explorer Cadet Program their officers, agents, employees and authorized volunteers from any claims, suits or demands for any losses, damages, or expenses that I may incur arising out of my participation in the physical agility test, including any claims, suits, or demands arising out of negligence or claimed negligence of the City of Philadelphia, Philadelphia Police Department, and the Philadelphia Police Explorer Cadet Program and of their officers, agents, employees, or authorized volunteers .

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Applicant Printed Name*

\_\_\_\_\_  
*Parent or Lawful Guardian Name (Print)*

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*\* Parent or Lawful Guardian (Signature)*

Received By Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
(Rank, Name & Badge)