



Municipality
Of
Anchorage

Anchorage Police Department

4501 South Bragaw Street • Anchorage, Alaska 99507-1599

www.muni.org/apd

Telephone (907) 786-2432



Service since 1921

RELEASE OF LIABILITY for APD Physical Agility Test

Police Officer Applicant Last Name (Printed) _____

Police Officer Applicant First Name/Middle Initial _____

Social Security Number _____

I, _____, hereby agree to indemnify and hold harmless, the Municipality of Anchorage, its agents, employees and servants, from any claims, lawsuits or liability arising out of loss, damage or injury to persons or property, including myself, which may occur during the course of or as a result of my participation in the Physical Fitness and Agility Testing Program conducted by the Anchorage Police Department.

This physical agility test evaluates my ability to perform the essential functions of the position. If I require reasonable accommodation in order to take the physical agility test, I will notify APD background personnel prior to the administration of the test and this must be documented on the *Certificate of Physical Fitness Form*.

I acknowledge that the Physical Fitness and Agility Test is held at the Sullivan Arena where signs provide the following information:

Warning: Sound within may cause permanent hearing impairment.

Caution: You are entering an area with dangerous flying objects. Proceed at your own risk.

I understand that the Physical Fitness and Agility Test requires that I climb over a five (5) foot high wall without utilizing the end supports (side walls) attached to the wall, that I drag a 165 pound manikin completely past the 50 foot line, that I come to a complete stop before a four-foot horizontal broad jump, that I climb to the top of five (5) flights of stairs and then descend, and that I complete the revolver dry fire six times with each hand unsupported (one-handed) all in four (4) minutes while wearing a safety vest and a weight belt.

Date _____

Applicant's Signature

(Do not sign until in the presence of APD Background Personnel)

Date _____

APD Witness to Signature/DSN

Time _____ **PASS/NO PASS** (over 4:00:00 minutes NO PASS)
Event Not Passed (Wall Climb) (Body Drag) (Horizontal Jump) (Stair Climb) (Pistol Dry Fire) (Vest) (Belt)
Comments _____

Staff Signature/DSN _____

**The recruiting process, the selection process, the qualification process and the employment process, including pay and benefits, are subject to change at any time and are at the exclusive interpretation of the Municipality of Anchorage – an equal opportunity and affirmative action employer complying with Title I of ADA.*