



**Louisville Metro Police Department  
Recruitment & Selection Unit  
Informed Consent Form**

I, \_\_\_\_\_, the undersigned hereby give informed consent to engage in a series of procedures relative to taking a battery of physical fitness tests. The purpose of the testing is to ascertain my level of physical fitness for law enforcement job task performance capability. The test includes the following:

- 1 repetition maximum bench press**
- 1 minute sit-up test**
- 300 meter sprint**
- Maximum push-up test**
- 1.5 mile maximum effort run**

There always exists the possibility that certain detrimental physiological changes may occur during exercise testing and activity. The reaction of the cardio respiratory and muscular systems to such activities can't be predicted with complete accuracy. These changes could include heat-related illnesses, orthopedic injuries, abnormal cardiovascular conditions (heart beat, blood pressure) and in rare instances a heart attack or risk of death.

I have read this form and understand there are inherent risks associated with any participation in this testing. I understand that I am responsible for monitoring my own condition throughout the testing and should any unusual symptoms occur, I will cease my participation and inform the monitor.

To the best of my knowledge I do not have any health contraindications to participation in this testing. In signing this consent form I affirm that I have read this form in its entirety and that I understand the nature of this testing. I also affirm that my questions regarding the tests have been answered to my satisfaction.

Therefore, in consideration for being allowed to participate in this testing, I do hereby voluntarily and knowingly assume the risk of such testing and I, with the intention of binding myself, my spouse, my heirs, legal representatives and assigns do hereby voluntarily and knowingly release and forever discharge, indemnify and hold harmless the Louisville Metro Government, Kentucky, its officials and employees conducting or related to the testing from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental, or otherwise, during, or arising in any way from this testing.

I have read and fully understand the provisions of this release, and I have voluntarily, knowingly, and intelligently executed said release and indemnification agreement with the express intentions of effecting the extinguishment of the claim and liabilities herein designated and establishing the agreements herein.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Date