

**THIS FORM MUST BE NOTARIZED****CITY OF MARTINSVILLE, VIRGINIA POLICE DEPARTMENT****PHYSICAL ABILITY AND PHYSICAL FITNESS TEST AGREEMENT**

I hereby release the City of Martinsville of any civil liability while I am engaged in the physical ability and physical fitness tests. I further understand that I am participating in these tests of my own accord. To the best of my knowledge, I do not have any physical or medical problems that might endanger my health while participating in these tests.

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 Full Name (Signature)

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 Full Name (Typed or Printed)

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 Social Security Number

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 Address

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 Telephone Number

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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 Notary Public

My Commission expires: \_\_\_\_\_, 20\_\_\_\_\_.