MARYLAND NATURAL RESOURCES POLICE

Pre-Employment Functional Fitness Assessment Test
Waiver of Liability

Name: _____ Sex: _____ Race: _____
(Last) (First) (M.I.)

Age: _____ Height: _____ Weight: _____ Date of Birth: _____

Position Applied For: ☐ Officer ☐ Cadet

WAIVER OF LIABILITY

In consideration of my being permitted to take the Functional Fitness Assessment Test for Officer/Cadet, I agree that I shall not hold the Maryland Natural Resources Police or any of its employees and any public or private facility, building, or organization at which the Pre-employment Functional Fitness Assessment Test is held, responsible for any injury or damage that I may receive during or as a result of this Functional Fitness Assessment Test.

Applicant's Signature: _____

Date: _____

Witness Signature: _____

Date:

Date:	