



MARYLAND NATURAL RESOURCES POLICE
Functional Fitness Assessment Test
Waiver of Liability - Officer Candidate



Name: _____
(Last) (First) (Middle)

WAIVER OF LIABILITY

In consideration of my being permitted to take the Functional Fitness Assessment Test, I agree that I shall not hold the Maryland Natural Resources Police or any of its employees, any public or private facility or 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 Printed Name

Applicant's Signature

Date