



PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

FIRST TO SERVE SINCE 1931



Applicant Physical Requirement Test (APRT) Waiver

APPLICANT'S PRINTED NAME: _____

PERSONAL WAIVER AND RELEASE OF LIABILITY

I, the undersigned applicant, hereby acknowledge that participation in the Applicant Physical Requirement Test (APRT) involves physical exertion and carries certain risks, including but not limited to the possibility of injury. I understand the nature of these risks and voluntarily choose to participate.

I affirm I am physically capable of completing the test. I understand that it is my responsibility to ensure I am in suitable health to participate, and I have had the opportunity to consult with a physician before participating.

In consideration of being permitted to take the APRT, I hereby release and hold harmless Prince George's County, Prince George's County Police Department, its officers, and employees, from any and all claims, damages, or liabilities that may arise from or be related to my participation in this test.

I understand that this waiver is valid for one year from the date signed below and applies to any official APRT conducted during that time period.

APPLICANT'S SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

WITNESS OFFICER SIGNATURE & ID#: _____