



Women in Blue

Participant Liability Waiver

PHYSICAL ABILITY TEST

Each of these categories are set according to DPS standards. We encourage applicants to go beyond these minimum standards if they are able to do so. On the day of the physical ability test, you will sign a medical waiver. Just as a reminder to the applicant, please wear comfortable running shoes and appropriate attire.

- 1.5 Mile Run (Aerobic Power) 15:14 (Minute/Seconds) for Cadets & PSA 's (17:00 PTU)
- 300 Meter Run (Anaerobic Power) 71 seconds for Cadet's & PSA's (76 seconds PTU)
- Sit-Ups (Muscular Endurance) 27 repetitions for Cadet's & PSA's (15 PTU)
- Push-Ups (Upper Body Strength) 15 repetitions for Cadet's & PSA's & PTU
- Rescue obstacle course
- Block wall obstacle course

NOTE: People of all ages who do not exercise routinely, who live a sedentary life style, who smoke, are overweight, or have any condition which poses a health risk, and more likely to suffer conditions such as hypertension (high blood pressure), heart condition, poor circulation, etc., do pose a health risk when an individual is subject to physical stress. While the physical assessment test is not as physically demanding as a physical ability test, individuals should be aware that they will be put under heavy physical stress in order to evaluate this level of physical fitness. Anyone who believes they may experience difficulty in completing ANY of the above exercises is **STRONGLY** advised to seek clearance from their physician before beginning the assessment process. Their physician upon request will provide applicants with detailed assessment information for use.

I have read and fully understand the information in the above paragraph and (initial one), will ___ OR will not ___ continue with the physical assessment process at this time.



ALBUQUERQUE POLICE DEPARTMENT

I, _____ in full understanding of the elements of physical assessment test, agree to take the assessment. I hereby waive any and all claims, costs, losses, actions, suits, or judgements against the City of Albuquerque, members of the City Council, the Mayor, the Albuquerque Police Department, the Personnel Department, any employee of the City of Albuquerque arising from the physical assessment test; and further this waiver shall also be binding on all heirs, executors, administrators, successors and assigns, both jointly and severally. This waiver is voluntarily given with the understanding that I am not covered by any insurance in case of injury while taking the physical assessment test.

Applicants Name (Print)

Applicants Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

IN CASE OF EMERGENCY, NOTIFY:

Name: _____

Phone: _____

Cell: _____

Relationship: _____

Name: _____

Phone: _____

Cell: _____

Relationship: _____