

JAMES M. BAKER
MAYOR

City of Wilmington Delaware

LOUIS L. REDDING – CITY/COUNTY BUILDING
800 FRENCH STREET
WILMINGTON, DELAWARE 19801-3537
TEL: 302-576-2100
FAX: 302-571-4102



PHYSICAL ABILITY TESTING RELEASE FORM

This form must be signed and notarized prior to registration for the Wilmington Department of Police Physical Ability Examination.

I, _____,

hereby release the City of Wilmington, Department of Police and its agents and employees, from ANY liability for any injury I may suffer in the process of assessing my physical fitness for the purpose of obtaining employment with the Wilmington Department of Police. I understand that the position for which I have applied is physically demanding. I understand that this fitness assessment is physically demanding. My participation in the physical fitness assessment is for my benefit in furtherance of my application for employment with the City of Wilmington. I understand that if I leave the examination prior to completion, I will fail the examination. I understand that I am not an employee of the City of Wilmington within the definition of the Delaware Workers' Compensation Act at the time I participate in the physical fitness assessment. I further understand that participating in the physical fitness assessment will not ensure my employment with the Wilmington Department of Police. I understand that I risk injuring myself or aggravating pre-existing conditions in the process of participating in this physical fitness assessment.

Understanding the risks involved, I hereby waive any claim I may have against the Wilmington Department of Police, the City of Wilmington, and its agents and employees, for any injury or aggravation of a pre-existing condition that I may suffer as a result of my participation in the physical fitness assessment in furtherance of my application for employment with the City of Wilmington, Department of Police.

Signature

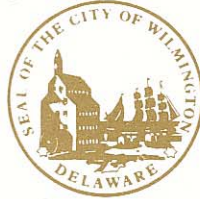
SUBSCRIBED AND SWORN to before me this _____ day of _____, 2006,
by _____ WITNESS my hand and official seal.

My commission expires: _____

JAMES M. BAKER
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Delaware

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**WILMINGTON DEPARTMENT OF POLICE
PHYSICIAN AUTHORIZATION FORM**

Applicant Name: _____ SS No: _____

Date Examined by Physician: _____

Purpose of Evaluation: **Applicant for Wilmington Department of Police Recruit Officer**

I have reviewed medical information and conducted a physical examination of the
aforementioned applicant and I am rendering the following professional opinion:

I have determined that the above applicant is in proper physical condition to engage
in ALL of the physical exercises of the Wilmington Department of Police Physical
Fitness/Ability Assessments. (Additional comments to be attached to this form.)

Physician's Signature

Physician's Full Name (PRINT)

Physician's Medical Degree

Physician's Specialty

State of License

Physician's Full Address

City/State/Zip Code

Telephone Number, including Area Code

Date of Completion of this form