

**WAIVER OF CLAIMS**

I the undersigned am voluntarily participating in the physical agility test being conducted by the Lakes Area Law Enforcement Employment Cooperative.

I hereby waive my right to claim and agree to hold harmless all members of the Lakes Area Law Enforcement Employment Cooperative, owners of facilities where the testing takes place, and any of their agents or employees, from injury or claim which I may experience as a direct or indirect result of my participation in this portion of the selection process.

Name of Participant: \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_ Applicant Signature

Date: \_\_\_\_\_  
\_\_\_\_\_ Witness Signature