



**Bucks County Police Chiefs Association
&
Bucks County Police Training Center**

Personal Injury Wavier

Applicant Name: _____

Date of Birth: _____ Social Security Number: _____

I hereby release the Bucks County Police Chiefs Association, Bucks County Police Training Center the County of Bucks and its Commissioners, employees and managers from any and all liability, and damages of any kind, which may result from performing and participating in the physical agility examination for the position of police officer.

Applicants' Signature: _____ Date: _____

Address: _____

Emergency Contact

Name: _____ Phone #: _____

AFFIDAVIT

State Of:

County of:

Before me personally appeared said _____

Who advises that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this

_____ day of _____, 2019

Liability wavier must be signed and notarized in order to participate in testing