



WAIVER AND RELEASE FORM

Warning and Acknowledgement of Risk and Damages

I have entered the Physical Agility Test out of my own free will. I acknowledge that I am in good physical condition and have no medical problems that would affect my ability to participate in this event. I voluntarily agree to assume the full risk of any injuries, damages or losses of properties, regardless of severity. Should I suffer an injury or illness, I authorize officials of the attending emergency services to use their discretion to have me medically treated and transported to a medical facility.

Liability Release

I acknowledge that I have read and understood the above warning and acknowledgement of risk of injuries, damages or losses of properties. I, for myself, and on behalf of my heirs, personal representatives and next of kin, hereby release, hold harmless and promise not to sue the Clinton County Cadet Program, the Frankfort Police Department, the City of Frankfort, the Clinton County Sheriff Department, Rossville Police Department, all members of said organizations, their respective employees, agents and other individuals who are associated with this event, with respect to any and all injuries, damages and losses that may arise from my participation in this event. This Waiver and Release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I have read this agreement, fully understand its terms and sign it freely and voluntarily.

Participant's Signature: _____

Participant's Printed Name: _____

If under 18

Guardian's Signature: _____

Guardian's Printed Name: _____