Goodyear Police Department
Physical Fitness Test Waiver Form

ALL PARTICIPANTS MUST SIGN THIS WAIVER IN ORDER TO PARTICIPATE

I, the undersigned participant, understand and acknowledge that participation in physical activities, programs, and fitness testing conducted by the City of Goodyear, including but not limited to walking, running, weight training, calisthenics, and cardiovascular exercises, involves inherent risks. These risks may include, but are not limited to, abnormal heartbeats, abnormal blood pressure, heat-related illness, physical injury, or in rare cases, heart attack or death. Some activities may take place in field or gymnasium settings, and medical assistance may not be immediately available.

I acknowledge and accept full responsibility for monitoring my physical condition and performance and agree to submit true and accurate health/medical history information when requested by the City of Goodyear. In the event of a medical problem arising from participation in any program or activity, I understand and agree that all related medical care and drug expenses are my sole financial responsibility.

I hereby voluntarily covenant to indemnify, defend, and hold harmless the City of Goodyear, its Mayor and Council, appointed boards and commissions, officials, officers, employees, and authorized representatives, individually and collectively, from and against any and all losses, claims, suits, actions, judgments, costs, expenses, including attorney's fees, or liabilities arising out of personal injury (including bodily injury and death) or property damage resulting from participation in City programs or activities, except where such injury or damage is caused solely by the willful, malicious, or grossly negligent conduct of the City of Goodyear or its personnel pursuant to A.R.S. § 33-1551.

I understand that the City of Goodyear does not carry accident insurance for participants and I release the City from any responsibility for injuries sustained while participating in any City program or physical activity.

I further consent to the use of photographs, video, and other recordings of me by the City of Goodyear for promotional, informational, or educational purposes, including advertising, newsletters, bulletin boards, and media broadcasts.

I certify that I am over 18 years of age and that I have read, fully understand, and voluntarily agree to the terms and conditions outlined in this waiver, release, and indemnification agreement.

Participant's Full Name (print): _____

Participant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____