

Harvey Physical Ability Test Waiver of Claim For Injury

This form must be signed before you will be permitted to participate in the Harvey Physical Ability Test.

You will be asked to perform physical tasks and will be given specific instructions in the manner in which these physical tasks are to be performed. The physical tasks consist of the following:

1. One Mile Run
2. Ladder Climb
3. Course of Physical Tasks

I have read and understand the physical effort which this Harvey Physical Ability Test involves. I am physically capable of participating in this test. I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of participating in the Harvey Physical Ability Test. I voluntarily participate as part of my application for employment.

Last Name (please print)

First Name

MI

Applicant Signature

Date