



**CITY OF READING POLICE DEPARTMENT
PHYSICAL FITNESS WAIVER AND RELEASE**

I, the undersigned, hereby agree to participate in the physical fitness test conducted by the Reading Police Department (RPD), as requested by the: **Birdsboro Police Department**.

I have reviewed the requirements for the physical fitness test attached in Exhibit "A" (**Birdsboro Borough Police Department Physical Fitness Test**) and understand that this test is difficult and physically demanding.

I also agree to advise the Reading Police Department and Birdsboro Police Department / Birdsboro Civil Service Board, of any injuries, pre-existing conditions or other physical limitations that could be aggravated or that would otherwise preclude my participation in any aspect of the physical training.

I understand that I have had the opportunity to consult with the physician prior to the physical fitness test or have intentionally chosen not to do so.

I understand that if I am experiencing any complications during the mandatory physical fitness test and/or if I am not tolerating the test well, i.e. experiencing shortness of breath, pains in the chest area, etc. it is my responsibility to cease all physical activity and notify the test monitor of my condition.

I understand and agree that I assume any and all risk and liability of losses, damages, personal injuries, or death, which I may suffer or sustain while performing in the physical fitness test.

In signing this Waiver and Release form, I acknowledge that I completely understand the test and that any questions I have are answered to my satisfaction. I also understand that every reasonable effort has been taken to insure my health and safety and that I enter into the test willingly.

I also understand and agree that I, for myself, my heirs, executors, and administrators hereby release the City of Reading, Reading Police Department, and the Borough of Birdsboro Police Department / Birdsboro Civil Service Board, and/or, their officers, agents, employees and authorized volunteers from any claims, suits or demands for any losses, damages, injury to me, the participant, or expenses arising out of negligence or claimed negligence of the City of Reading, Reading Police Department and/or of their officers, agents, employees or authorized volunteers that I may incur arising out of my participation in the physical fitness test.

By signing below, I am agreeing that I have read and understand the information within the Physical Fitness Waiver and Release and attached Exhibit A.

APPLICANT

NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____

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Attachment “A”

The physical fitness test consists of a pass/fail component, meaning that you must pass each individual test to be eligible for the oral examination. The physical fitness test is tentatively scheduled for Saturday March 23, 2024, 0800 hours., at Alvernia University. The test time will be verified upon your successful passing of the written examination.

Alvernia University PLEX
465 Saint Bernardine Street
Reading, PA 19607

Each candidate will be tested in based on the Commonwealth of Pennsylvania Municipal Police Officers’ Education and Training Commission (MPOETC) guide included in this document.

Attachment “A” and the Municipal Police Officers’ Education and Training Commission (MPOETC) guide is to be retained by the applicant for informational purposes. The first page of this document which you signed must be returned to Birdsboro Borough with your original application. If you have any questions, please contact Chief Todd Trupp: ttrupp@birdsboropa.org.