



POLICE DEPARTMENT COUNTY OF SUFFOLK, NY
ACCREDITED LAW ENFORCEMENT AGENCY
ACCIDENT WAIVER

PDCS-5127a

Whereas, the Civil Service Department of Suffolk County has called an examination to be held for the position of:

Title of Position: _____

Whereas I, _____, the undersigned,

Candidate Name

residing at _____

Candidate Address

have presented to said Civil Service Department my signed application to participate in this examination and have been informed that as part of the examination given for this position, it will be necessary for me to demonstrate my physical fitness in a series of tests.

Now, therefore, I for myself, my heirs, executors, administrators or assigns hereby waive any or all claims against the municipal Civil Service Department of Suffolk County, the County itself, and any state agency or member thereof, now or hereafter to accrue for, and account of, because of any injury or damage that I may sustain because of, in connection with, or on account of this physical fitness screening test and hereby release the municipal Civil Service Department, the County or any state agency or member thereof, from any or all liability or claim for damages for any injury occurring as a result of these tests.

Date

Candidate Signature

STATE OF NEW YORK }
COUNTY OF SUFFOLK } **SS:**

On this _____ day of _____, 20____, before me personally came _____, known to me to be the individual described herein and who acknowledged and executed the instrument above.

Notary Public