

**CITY OF EFFINGHAM
BOARD OF FIRE AND POLICE COMMISSIONERS**

**Physical Ability Test
Release of All Liabilities**

The undersigned, recognizing that the Physical Ability test is an integral part of the examination for the position of Police Officer for the City of Effingham, Illinois, hereby releases, remises and discharges the City of Effingham and the Effingham Board of Fire and Police Commissioners, its members and employees, C.O.P.S. & F.I.R.E. Personnel Testing Service, its officers, servants, agents, and employees, of and from any and all claims, demands and liabilities to me on account of any and all injuries, losses and damages to my person which shall be caused, or may at any time arise as the result of certain police or fire department examinations conducted by the Board of Fire and Police Commissioners or City officials of the City of Effingham, Illinois. The intention hereof being to completely, absolutely and finally release the City of Effingham, Illinois, the Effingham Board of Fire and Police Commissioners, its members and employees, C.O.P.S. & F.I.R.E. Personnel Testing Service, its officers, servants, agents and employees, of and from any and all liability arising wholly or partially from the cause aforesaid.

Print Name _____

Signed _____ Date _____

Witnessed by _____ Date _____