

**Fargo Police Department
Physical Task Fitness Test
Informed Consent/Physician Approval Form**

Informed Consent

I, _____, volunteer to take the City of Fargo Police Department's Physical Task Fitness Test. I understand the test will be administered by members of the Fargo Police Department.

I understand the test battery and passing scores are as follows:

Test Component	Passing Score
1. Sit and reach	Must be able to touch toes
2. 60 second sit ups	29 sit ups
3. 60 second push ups	27 push ups
4. 1 ½ mile run	14 minutes 54 seconds
5. 300 meter dash	66 seconds

I understand that I must pass all test components to pass the Physical Task Fitness Test.

I understand that the test administrator is certified in CPR and that emergency personnel will be notified in the event of an accident or medical emergency.

I understand that I must obtain a physician's approval prior to my participation (see below). I further state that I am sufficiently physically fit to participate in the activities and tests associated with the Physical Task Fitness Test.

I release and agree to defend, indemnify and hold harmless the Fargo Police Department and the City of Fargo, its officers, employee and agents from all claims, liabilities and damages related to, or arising from my participation in the Physical Task Fitness Test. I also agree that this agreement shall bind myself, my heirs, successors and personal representative. I acknowledge that I have read (or has been read to me) and understand the information in this consent form and am signing it on my own free will.

Signature _____ Date _____

Witness _____ Date _____

Physician Approval

I approve the participation of _____ in the Physical Task Fitness Test.
(Participant's Name)

Physician's Name (printed) _____

Physician Signature _____ Date _____