South Sioux City Police Department

701 West 29th Street
South Sioux City, NE 68776
Phone: (402) 494-7553 FAX: (402) 494-7507

Claims Release

This is to certify that I believe that I am in sufficient physical condition to take the strenuous physical agility test required as a part of the entry level testing for the position of Police Officer for the City of South Sioux City, Nebraska.

I hereby release the City of South Sioux City and its employees and agents; the Mayor, the City Council and its individual members; the South Sioux City Civil Service Commission and its individual members and agents for any and all liability should I suffer any injuries of any kind, regardless of the cause thereof, during the course of said physical agility tests and from any future injury that may be held attributable to my participation in said physical agility test and from any aggravation of any pre-existing injuries which are known or unknown.

I have read this release and its contents and I am voluntarily signing it and agree to be bound to it.

Dated this _____ day of _____ , 20 _____ .

_____
Witness

_____
Signature of Applicant

_____
Applicant Print Name Here

Physical agility test administered

_____ day of _____ , 20 _____ .