

OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO STATE HIGHWAY PATROL

**APPLICANT RELEASE**

I, \_\_\_\_\_ presently residing at,

\_\_\_\_\_

for the last \_\_\_\_\_, have applied for employment with the Ohio State Highway Patrol. I have been advised by an officer of the Ohio State Highway Patrol that in order to receive favorable consideration for employment with the organization, I must pass certain physical examinations and assessments administered by State Highway Patrol personnel.

I wish to participate in the physical examinations and assessments administered by the Ohio State Highway Patrol. I acknowledge that I am in good physical condition and there is no reason why I should abstain from participating in any of these examinations and/or assessments.

I hereby voluntarily assume the risk of any and all physical injuries which I might sustain as a result of the physical examination and assessments administered on \_\_\_\_\_ (Enter Date) or following the completion of the assessment. I hereby release the Ohio State Highway Patrol from any and all liability for injuries I might sustain during the implementation of the physical examination or assessment, or following completion of the examination or assessment.

APPLICANT SIGNATURE <b>X</b>	DATE
WITNESS SIGNATURE <b>X</b>	DATE

*The State Highway Patrol is an Equal Opportunity Employer.*