



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

APPLICANT RELEASE FOR PHYSICAL ASSESSMENT

I, _____ presently residing at,

for the last _____, have applied for employment / Auxiliary appointment 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 / Auxiliary appointment with the organization, I must pass certain physical examinations and assessments administered by Ohio 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 _____ 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.

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| APPLICANT SIGNATURE X | DATE |
| WITNESS SIGNATURE X | DATE |

The State Highway Patrol is an Equal Opportunity Employer.