



right at home.

309 N 5th Street
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Human Resources Director

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City of Norfolk Police Division Physical Ability Test for (Police Division) Release of Liability

309 N 5th Street
(402) 844-2010
www.norfolkne.gov

Applicant Last Name _____

Applicant First Name/Middle Initial _____

Social Security Number _____

I, _____, realize and agree that when taking the ability test, I will not be an agent, servant or employee of the City of Norfolk or the Norfolk Police Division and therefore will not be covered by any worker's compensation, death, or disability benefits of the City of Norfolk.

By signing this waiver I, _____, do hereby release and forever discharge the City of Norfolk, the Norfolk Police Division, and its elected officials, officers, and employees, in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action which may arise from my taking the agility test for the Division and any other physical capacity testing. **This waiver is intended to cover all acts or omissions of the City of Norfolk, the Norfolk Police Division, and its elected officials, officers, and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns.** I understand the terms of this release are contractual and not a mere recital. Before signing this release, I read it fully and hereby acknowledge that I understand it. I have signed this document of my own free will.

Applicant's Signature

Date

Witness to Signature

Date