

**KEENE POLICE DEPARTMENT  
FITNESS TESTING INFORMED CONSENT & WAIVER**

I am aware of the specific demands of the fitness testing requirements of the Keene Police Department.

By signing this form, I certify that I am in sufficiently sound physical condition to participate in this fitness testing program without threat to my health or probability of injury. I am responsible for discontinuing testing and making a test official aware at any time I feel unable to continue.

I participate in this fitness testing process voluntarily and agree to hold harmless and waive any claim of liability against the City of Keene, any of its Departments, employees, or elected officials for any injury that I may incur during or as a result of this process.

I have read and understand this entire waiver.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Applicant # \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Weight: \_\_\_\_\_

Sex:    M    F

Updated: 2/5/14

**MALE**

**Name:** \_\_\_\_\_

**SIT UPS (1 minute)**

<b>AGE</b>	<b>STANDARD</b>	<b>ACTUAL</b>	<b>P/F</b>
18-29	37		
30-39	33		
40-49	28		
50-59	22		
60-69	18		
70-79	18		

**PUSH UPS (No time limit)**

<b>AGE</b>	<b>STANDARD</b>	<b>ACTUAL</b>	<b>P/F</b>
18-29	27		
30-39	21		
40-49	16		
50-59	11		
60-69	9		
70-79	9		

**1.5 MILE RUN**

<b>AGE</b>	<b>TIME</b>	<b>ACTUAL</b>	<b>P/F</b>
18-29	12:53		
30-39	13:24		
40-49	14:07		
50-59	15:20		
60-69	17:11		
70-79	19:39		