

**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

Date: _____

Phone #: _____

Applicant # _____

Date: _____

Date of Birth: _____

Age: _____

Weight: _____

Sex: M F

Updated: 2/5/14

FEMALE

Name: _____

SIT UPS (1 minute)

AGE	STANDARD	ACTUAL	P/F
18-29	31		
30-39	24		
40-49	19		
50-59	12		
60-69	5		
70-79	5		

PUSH UPS (No time limit)

AGE	MINIMUM		ACTUAL	P/F
	Modified	Full-Body		
18-29	22	14		
30-39	17	10		
40-49	11	8		
50-59	10	--		
60-69	4	--		
70-79	4	--		

1.5 MILE RUN

AGE	TIME	ACTUAL	P/F
18-29	15:14		
30-39	15:58		
40-49	16:46		
50-59	18:37		
60-69	20:46		
70-79	22:20		