

# APPLICANT CONSENT FOR A-PREP TESTING AND RELEASE OF INFORMATION

I, the undersigned, do hereby acknowledge:

1. My consent to perform an aerobic shuttle run and a simulated foot pursuit which consists of running 100 m (328 ft) while climbing stairs, climbing a 1.52 m (5 ft) fence, engaging in a "resistor control" simulation with a weight machine, performing an "arm restraint" simulation with a weight machine and dragging a 48 kg (150 lb) "victim" 15m (50 ft);
2. My consent to the tests being supervised by a qualified fitness appraiser who has been trained to administer these fitness assessment protocols;
3. My understanding that I may ask questions or request further information or explanation about the tests;
4. My understanding that there exists the possibility of certain changes occurring during and after my performance of the fitness tests including abnormal blood pressure, fainting, transient light-headedness, leg cramps, muscle strains, nausea, and, in rare instances, heart attacks, or heart rhythm disturbances;
5. My obligation to immediately inform the fitness appraiser of any unusual pain, discomfort, fatigue or any other symptoms that I incur during or after the testing;
6. My understanding that I may stop any further testing if I so desire and also that the testing may be terminated by the fitness appraiser;
7. That if I am 40 years of age, I have been cleared for participation in the fitness testing by my physician who completed the clearance form from the PARmed-X for that purpose;
8. That I do not have two or more of the following major coronary risk factors, or if I do, I have received medical clearance (PARmed-X) before reporting to participate in the A-PREP: family history of a heart attack or sudden death before 55 years of age; currently smoke cigarettes; have high blood pressure, have diabetes mellitus; have high blood cholesterol or work in a sedentary occupation and am physically inactive;

That I have read, understood and completed the Physical Activity Readiness Questionnaire (PAR-Q) and my answers to all questions were "No", or if I answered "Yes" to any question, I was subsequently cleared for participation in the fitness testing by a Certified Exercise Physiologist or by my physician who completed the clearance form from the PARmed-X for that purpose



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## RELEASE OF INFORMATION:

I, the undersigned, have been informed about the tests and standards employed in the assessment of vision, hearing and fitness, and direct that the information determined during my assessment on these standards is to be provided to \_\_\_\_\_  
[insert name of Police Service and/or assessment firm if applicable] for consideration in the evaluation of my application for employment as a police officer.

## RELEASE AND INDEMNITY:

I, the undersigned, in consideration of my being given the opportunity to participate in the police constable applicant selection process, do hereby release, indemnify and forever discharge (insert name of Police Service and/or assessment firm if applicable), the Alberta Association of Chiefs of Police (AACP), the Alberta Solicitor General and Public Security, Her Majesty the Queen in Right of Alberta and all of their respective servants, agents and employees, from any and all actions, cause of action, claims, demands, prosecutions and remedies for any and all damages, losses, injuries, and expenses of any nature or kind howsoever arising out of the vision, hearing, and fitness testing engaged in by myself as part of the aforesaid police constable applicant selection process.

And for the aforesaid consideration I further agree not to make any claim or to take any proceedings against any other person or corporation who might claim contribution or indemnity from Her Majesty, the AACP [-insert name of Police Service and/or assessment firm if applicable-] and all of their respective servants, agents and employees, or from any one or more of them. And for the aforesaid consideration I further agree that this Release and Indemnity shall apply to and be binding on my heirs, administrators, executors and assigns and each of them.

\_\_\_\_\_  
**Name of Participant** *(Please Print)*

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Witness** *(Please Print)*

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

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**Confidential**

