



Co-op City Department of Public Safety  
2049 Bartow Ave, Bronx NY 10478  
Telephone (718) 320-3334

**RELEASE OF LIABILITY**  
For Public Safety Candidate Physical Agility Test

Applicant Last Name (printed) \_\_\_\_\_

Application First Name/Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to indemnify and hold harmless, Riverbay Corporation, its agents, employees and servants, from any claims, lawsuits or liability arising out of loss, damage or injury to persons or property, including myself, which may occur during the course of or as a result of my participation in the Physical Fitness and Agility Testing Program conducted by the Riverbay Corporation Department of Public Safety.

This physical agility test evaluates my ability to perform the essential functions of the position. If I require reasonable accommodation in order to take the physical agility test, I will notify the Department of Public Safety background personnel prior to the administration of the test and this must be documented on the *Certificate of Physical Fitness Form*.

I understand that the Physical Fitness and Agility Test requires that, I

- 1) Perform Push-ups timed for 1 minute
- 2) Perform Sit-ups timed for 1 minute
- 3) 1.5 Mile run on an out door track

\_\_\_\_\_  
**Applicant's driver license number**

Date \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

(Do not sign until in the presence of Public Safety personnel)

Date \_\_\_\_\_

\_\_\_\_\_  
**Witness to Signature**

*\*The recruiting process, the selection process, the qualification process and the employment process, including pay and benefits, are subject to change at any time and are at the exclusive interpretation of Riverbay Corporation – an equal opportunity employer complying with Title 1 of ADA.*