

APPLICANT'S CERTIFICATION AND RELEASE FROM LIABILITY

I, _____, hereby certify that I am able to safely participate in the pre-employment physical evaluation, age and gender adjusted, in accordance with the criteria of the Cooper Institute.

Further, I hereby release and indemnify the State of Louisiana, Department of Public Safety and the Office of State Police from liability for any and all injuries that may be sustained by me or caused by me to another during the tests resulting from any physical or mental disorders.

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

DATE: _____