

Dear Applicant:

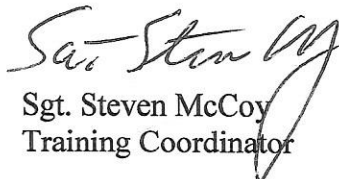
As part of the application process, you are required to perform a Physical Fitness Test. A copy of the test is attached with this letter. Also attached is an explanation on how to prepare for the Physical Fitness Test.

Prior to participating in the Physical Fitness Test, you must have a physician sign the attached form stating you may safely participate in the Physical Fitness Test. Bring this packet with you on the test date and give it to the test administrator.

IF YOU DO NOT BRING THIS PACKET (WITH THE PHYSICIAN CERTIFICATION FORM SIGNED) YOU WILL NOT BE ALLOWED TO PARTICIPATE IN THE TESTS.

If you have any questions, please feel free to call Sgt. Steven McCoy at 240-313-2124.

Sincerely;


Sgt. Steven McCoy
Training Coordinator

Washington County Sheriff's Office
Detention Center

PHYSICAL FITNESS AGILITY TEST

TEST #1: Sit-ups

Lie on your back with knees bent so your feet are flat on the floor. Your partner will hold your feet and count the number of correct repetitions. Arms are to be kept at your side or folded across your chest.

This test measures muscular endurance for use of force situations, restraining holds, carrying, and running at full speed.

Minimum requirements for **one minute** duration are as follows:

MALE & FEMALE (All age groups): 25

TEST #2: Push-ups

From the prone position, place hands palm down under shoulders, push your body upward until arms are straight, do not lock elbows. From this position, when told to start, lower body until your chest touches your partner's fist, keeping your back straight at all times. The rest position is in the up position only.

This test measures absolute strength for use of force, lifting/carrying persons, and restraining struggling persons.

Female applicants may perform modified push-ups, using knees on the floor.

Minimum requirements for **one minute** durations are as follows:

MALE & FEMALE (All age groups): 19

TEST#3: 300 Meter Run

This test measures anaerobic power and is recommended as part of the public safety fitness assessment battery for the Cooper Institute Physical Fitness Assessment and incorporates an average of 20 percentile completion factor.

Participants will run at a maximum level of effort for a total distance of 300 meters.

Minimum requirements for completion are as follows:

MALE & FEMALE (All age groups): 75.3 seconds

PHYSICIAN'S CERTIFICATION

I have reviewed the attached elements of the Washington County Detention Center Physical Fitness Test and find that the applicant identified below can perform the elements of the test safely.

Please bring the original form with you on the specified testing date.

Applicant's name: _____

Date of Examination: _____

Doctor's name: _____

Doctor's address/phone number: _____

Doctor's signature: _____

Washington County Sheriff's Office

Release of Liability

I, and my heirs, in consideration of my participation in the Washington County Sheriff's Office physical agility test, hereby release the Washington County Sheriff's Office, the Washington County Government, and the Washington County Sheriff, the deputies, officers, employees, and agents, and any other people officially connected with this testing, from any, and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this testing. Specifically, I release said persons from any liability, or responsibility for my physical condition, for the condition or selection of course route and for the presence or actions of any other participants.

I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained muscles and ligaments, broken bones and fatigue. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that the Washington County Sheriff's Office and the Washington County Government does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

(Participant's printed name)

(Participant's signature)

(Date)