



Las Cruces Police Department

Physical Fitness Assessment Waiver/Exam



WAIVER OF LIABILITY

City of Las Cruces / Las Cruces Police Department

Name (Please Print): _____ Age: _____ Sex: _____
 Driver's License Number: _____ State: _____ Expires: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ ZIP: _____
 Nex of Kin: _____
 Relationship: _____ Phone Number: _____

I, the undersigned, hereby waive any claim for any injury against the City of Las Cruces and the Las Cruces Police Department, any member of the staff, any of its employees or any trainee, which I may either directly or indirectly sustain as a result of my participation in any part or phase of the testing, training and instruction I will receive at the Police Academy or other location selected for the giving of testing, training, and instruction. This agreement shall be binding upon the undersigned, his/her heirs, and assignees.

Signature of Applicant: _____ Date: _____

BELOW PORTION IS FOR LCPD INSTRUCTOR ONLY

Description of Applicant: _____
 Shoe brand/color: _____ Shirt brand/Color: _____
 Bottom brand/color: _____ Other attire description: _____

POLICE ENTRANCE FITNESS STANDARDS

Aerobic Power / 1.5 mile run / 15:14 (minutes:seconds) or less

Lap 1	Lap 2	Lap 3	Lap 4	Lap 5	Lap 6	Final Time: ____ min ____ sec.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pass: <input type="checkbox"/> Fail: <input type="checkbox"/>

Anaerobic Power / 300 meter run / 71.0 seconds or less

Final Time: ____ min ____ sec.
Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> NA, Failed Previous: <input type="checkbox"/>

INSTRUCTOR NAME / CALL SIGN

Muscular Endurance / 1 min max sit-ups / 27 reps or more

Total: ____ reps
Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> NA, Failed Previous: <input type="checkbox"/>

INSTRUCTOR SIGNATURE

Upper Body Strength / 1 min max push-ups / 15 reps or more

Total: ____ reps
Pass: <input type="checkbox"/> Fail: <input type="checkbox"/> NA, Failed Previous: <input type="checkbox"/>

DATE OF ASSESSMENT