

Honolulu Police Department “HPDFIT” Consent

I, _____, am aware that there is potential health and safety risks in participating in the HPDFIT program and hereby waive from liability, the City and County of Honolulu, the Honolulu Police Department, and any of its employees or agents from any injury, illness, or death, which may result from my participation in this event.

I certify to the best of my knowledge that I am physically able to participate in the HPDFIT program and/or have consulted with a licensed physician who determined that I am physically able to participate in the HPDFIT program.

I acknowledge that at any time during HPDFIT program, if I should become ill or injured, I will immediately notify a member of the staff and withdraw from the program.

HPDFIT events include, but are not limited to the following activities:
Agility run, 300 meter run, 1.5 mile run, bench press, push ups and sit ups.

In the event of an emergency, please contact the following person on my behalf:

Emergency Contact Full Name:

Relationship:

Contact Number(s):

_____	_____	_____
_____	_____	_____

Signature

Date

This completed form must be submitted to a staff member before participation in the HPDFIT program and participation with the HPDFIT program does not guarantee you a position with the Honolulu Police Department.