



THE ASSESSMENT CENTER
Miami Dade College
School of Justice
(305) 237-8012
nac@mdc.edu

LIABILITY WAIVER
PHYSICAL ABILITIES TEST
LAW ENFORCEMENT

I, _____, do hereby agree to release Miami Dade College, The School of Justice Department, The Assessment Center, and all employees thereof, from any and all claims and liability for personal injury or damages arising from my activities while performing the Law Enforcement Physical Ability Test on the premises of Miami Dade College, North Campus.

By my execution here of this _____ day of _____, 20____, I hereby certify I have read and understand the above agreement.

Signature

Date

Name (Printed)

Address

City, State, Zip

Last Four Digits of SSN

Primary Phone Number

In case of emergency, please contact:

Name of Contact Person

Phone number of Contact Person