



**CITY OF SILVIS**  
**POLICE DEPARTMENT**  
600 Illini Drive, Silvis, Illinois 61282  
Phone: (309) 792-1841  
Fax: (309) 792-5488  
*Mark D. VanKlaveren, Chief*

## **Police Officer Applicant Liability Waiver**

I, \_\_\_\_\_ (print name), an applicant for a physically challenging position with the Silvis Police Department, declare that I can complete the Silvis Police Department's physical fitness test without harm to myself. I understand the Silvis Police Department's test is comprised of the Illinois Law Enforcement Training and Standards Board Peace Officer Wellness Evaluation Report (POWER) test. I also understand that the events of the physical fitness test will be administered according to the standards of the Illinois Law Enforcement Training and Standards Board. I further understand the purpose of these tests is to measure my general level of physical fitness and my present ability to safely and successfully complete new officer training.

By participating in the physical fitness tests, I hereby assume all risks associated thereto and I voluntarily waive any and all claims against the City of Silvis and the test administration facilities, or employees thereof, due to any and all injury or damage sustained with my participation or execution of these physical fitness tests.

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Signature

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Date