

Form T-2**Kentucky Law Enforcement Council**

Office Use Only

Liability Waiver – Phase I Testing

Mail: Kentucky Law Enforcement Council
Suite 401, Funderburk Building
4449 Kit Carson Drive
Richmond, KY 40475



Phone: (859) 622-6218 **Fax:** (859) 622-5943
Email: KLECS@ky.gov **Web:** KLECS.ky.gov

INSTRUCTIONS: This form must be completed by the applicant on the day of the physical ability test, prior to the beginning of the test. A valid ID must be presented.

NAME: _____

Date of Birth _____ SSN# _____

I understand that successful completion of physical agility testing is a requirement for peace officer certification in the Commonwealth of Kentucky.

As lawful consideration for being permitted by the Kentucky Law Enforcement Council to participate in physical agility testing, I and my heirs, executors, administrators, successors and assigns hereby release and forever discharge the KENTUCKY JUSTICE CABINET, its agents, servants, successors and all other persons, firms, corporations and associations of, from any and all claims or legal liability, including medical claims, actions, causes of actions, demands, rights, damages, costs, loss of service, expenses and compensation, whatsoever resulting from my participation in physical agility testing, whether or not such claim was caused by or resulting from their negligence or any other cause.

I am aware of the components of physical agility examination and by signing this waiver, I acknowledge that, to the best of my knowledge and belief, I am sufficiently trained and physically capable of performing these components without injury to others or myself.

I have carefully read the foregoing releases and understand the contents thereof. I hereby execute this waiver freely and voluntarily, and it is my intention to be legally bound by this waiver.

Signed this _____ day of _____, 20_____.

Signature of Applicant

Printed Name of Applicant

Name and Phone Number of Emergency Contact

Revised 2021