



**CITY OF WATERVLIET POLICE DEPARTMENT
POLICE OFFICER CADET PROGRAM
POST #109**



2 – 15TH STREET WATERVLIET, NEW YORK 12189
WWW.WATERVLIETPOLICE.COM

This form is between Cadet _____ (the "Participant") and the Police Cadet Program Post #109, sponsored by the Watervliet Police Department (the "Agency"). By signing, the Participant agrees to the terms and conditions below regarding the required medical evaluation for the Police Cadet Program.

Medical Evaluation: I understand that the Police Cadet Program requires a medical evaluation to assess my health and fitness for the program. This may include tests for heart health, physical endurance, vision, hearing, and other assessments deemed necessary by the medical professional.

Risks: I acknowledge that participating in physical activities and training carries inherent risks, such as muscle strain, dizziness, and cardiovascular events, among others. The Agency will take reasonable steps to ensure safety, but I recognize and accept the risks involved.

Waiver of Liability: In consideration of my participation in the Police Cadet Program, I hereby waive, release, and discharge the Agency, its officers, employees, agents, contractors, and City of Watervliet employees from any and all claims, demands, or causes of action arising out of, or related to, any injury, illness, or medical condition that may result from my participation in any activities during the course of the Police Cadet Program, whether caused by negligence or otherwise.

Medical Disclosure: I am responsible for disclosing any pre-existing medical conditions, medications, or health concerns that may affect my ability to participate in the evaluation. I affirm that the information I provide is accurate and complete. I agree to notify the Agency of any changes in my health status.

Confidentiality: I understand that the results of the medical evaluation will be shared with the Agency to determine my eligibility for the Police Cadet Program. I consent to the release of this information to the Agency and understand that it will be handled according to privacy laws and regulations.

Medical Provider Acknowledgment

I, the undersigned medical provider, confirm that I have evaluated the above-named Participant and have reviewed their physical and medical condition as required by the Police Cadet Program. Based on my evaluation, I have determined that the Participant is [fit / unfit] _____ to participate in the Police Cadet Program. I have provided the Participant with any necessary recommendations for further medical attention or precautions if applicable.

Medical Provider's Name: _____

Medical Provider's Signature: _____

Date: _____

Please complete 2nd page on reverse side

By signing below, I confirm that I have read and understand this form.

Participant's Name: _____

Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Participant's Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

Witness Signature: _____

Date: _____

Notary

State of _____

County of _____

On this _____ day of _____, **20**, before me, the undersigned notary public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the foregoing document, and acknowledged that they executed the same for the purposes therein contained.

Notary Public Name: _____

Notary Public Signature: _____

My Commission Expires: _____

Notary Seal: _____