



Springfield Police Department
130 Pearl Street
Springfield, Massachusetts 01105

Cheryl C. Clapprood
Police Commissioner

Cooper Standards Physical Assessment Acknowledgment

I _____ understand that by signing this form, I acknowledge that the Springfield Police Department will conduct a Cooper Standards Physical Assessment. I also understand that this assessment is designed to establish if I meet the minimum requirements necessary to enter the Springfield Police Academy as a Student Officer.

Furthermore, I understand what the minimum requirements are. As such, my medical provider has signed off affirming my physical rediness to take this assessment (see the attached form).

Therefore, I agree to hold harmless the Commonwealth of Massachusetts, the City of Springfield, any agents and/or employees of the Commonwealth of Massachusetts or the City of Springfield of any injury to my person or property which I may receive while performing the Cooper Standards Physical Assessment upon any premissis owned or utilized by the Springfield Police Department. I further release from any liability any property privately or publicly owned which allowed the assessment to be conducted on their premissis.

PRINT NAME _____ DATE _____

SIGNATURE _____

WITNESS _____