**Las Cruces Police Department**

**Physical Fitness Assessment Waiver/Exam**

**WAIVER OF LIABILITY**
City of Las Cruces / Las Cruces Police Department

Name (Please Print): ________________________________ Age: ________ Sex: ________
Driver's License Number: __________________________ State: _____ Expires: ________
Address: ________________________________________ Phone Number: __________________
City: ____________________________________________ State: ______ ZIP: _____________
Nex of Kin: _______________________________________
Relationship: ___________________________ Phone Number: ________________

I, the undersigned, hereby waive any claim for any injury against the City of Las Cruces and the Las
Cruces Police Department, any member of the staff, any of its employees or any trainee, which I
may either directly or indirectly sustain as a result of my participation in any part or phase of the
testing, training and instruction I will receive at the Police Academy or other location selected for
the giving of testing, training, and instruction. This agreement shall be binding upon the
undersigned, his/her heirs, and assigns.

Signature of Applicant: ________________________________ Date: ______________

BELOW PORTION IS FOR LCPD INSTRUCTOR ONLY

Description of Applicant: ______________________________________________________________
Shoe brand/color: ___________________________ Shirt brand/Color: _______________________
Bottom brand/color: ___________________________ Other attire description: ________________

**POLICE ENTRANCE FITNESS STANDARDS**

**Aerobic Power / 1.5 mile run / 15:14 (minutes:seconds) or less**

<table>
<thead>
<tr>
<th>Lap 1</th>
<th>Lap 2</th>
<th>Lap 3</th>
<th>Lap 4</th>
<th>Lap 5</th>
<th>Lap 6</th>
<th>Final Time: _____ min _____ sec.</th>
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</thead>
<tbody>
<tr>
<td>☐</td>
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<td>☐</td>
<td>Pass: ☐  Fail: ☐</td>
</tr>
</tbody>
</table>

**Anaerobic Power / 300 meter run / 71.0 seconds or less**

Final Time: _____ min _____ sec.
Pass: ☐ Fail: ☐ NA, Failed Previous: ☐

**Muscular Endurance / 1 min max sit-ups / 27 reps or more**

Total: _____ reps
Pass: ☐ Fail: ☐ NA, Failed Previous: ☐

**Upper Body Strength / 1 min max push-ups / 15 reps or more**

Total: _____ reps
Pass: ☐ Fail: ☐ NA, Failed Previous: ☐

INSTRUCTOR NAME / CALL SIGN

INSTRUCTOR SIGNATURE

DATE OF ASSESSMENT