



JAMES R. WILSON
WILLIAMSON COUNTY SHERIFF

L.C. "TONY" MARSHALL
Chief Deputy

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ROBERT CHAPMAN
Asst Chief Deputy Law Enforcement

RICHARD ELLIOTT
Asst Chief Deputy - Corrections

Physical Abilities Test Claims Release

STATE OF TEXAS
COUNTY OF WILLIAMSON

KNOW ALL MEN BY THESE PRESENTS:

That I, _____ for myself and my heirs, executors, successors, administrators, assigns, and all
(Applicant)

other persons, individuals, firms, companies, and/or entities claiming by, through, or under me, severally or jointly, that I do hereby release, indemnify and agree to hold harmless the County of Williamson, the Williamson County Sheriff's Office, its employees, agents, assigns and all other persons claiming by, through, or under the County, severally or jointly, from and against any and all claims, liability, and causes of action which may have accrued or in the future accrue to me as a result of my taking of a test to determine my physical abilities. I understand that the said physical abilities test is required as a part of the application procedure for consideration for employment as a member of the Williamson County Sheriff's Office. I acknowledge that during the taking of the said test my physical strength, ability, agility, and condition will be measured and in conjunction therewith I will be required to exert myself physically, and that such exertion is only intended to measure my physical ability and agility to perform these tasks to determine whether or not I can perform the essential functions of the job regarding physical abilities to be qualified for employment by the Williamson County Sheriff's Office. I understand that there is a risk of injury. I voluntarily agree to participate in the said test and, realizing the possible consequences of said test, agree to waive and abandon any claim, cause of action, or liability that I may presently have or which I may attain in the future as a result of, or with regard to the said test. I understand that if I require a reasonable accommodation in taking the firearms qualification test, I should contact the Sheriff's Office Recruiter at (512) 943-1320 several days prior to the test so that appropriate arrangements can be made.

APPLICANT SIGNATURE: _____ Date: _____
(Applicant)

ACKNOWLEDGEMENT

I, _____, do hereby acknowledge that the foregoing instrument was
(Applicant)
executed by me for the purpose expressed herein, and I acknowledge that I have voluntarily executed the foregoing instrument, and that the contents thereof are true and correct.

APPLICANT SIGNATURE: _____ Date: _____
(Applicant)

Before me, _____, a notary public, on this day personally appeared
(Notary Public)

_____, known to me (or proved to me under oath of
(Applicant)

_____, to be the person whose name is subscribed to the foregoing
(Witness)

instrument and acknowledged to me that he/she executed the same for the purposes and considerations therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.

(seal)

Notary Public in and for
State of Texas