

## INFORMED CONSENT FOR FITNESS TESTING

### FLORIDA DEPARTMENT OF LAW ENFORCEMENT PROTECTIVE OPERATIONS SECTION 700 NORTH ADAMS STREET TALLAHASSEE, FLORIDA 32303

I have applied for the position of Special Agent with the Florida Department of Law Enforcement, Protective Operations Section. As an applicant for the special agent position, I agree to submit to a physical assessment of my overall physical fitness, which will include the following physical tasks:

- **3 Mile Run (min:sec)** - Applicant runs a pre-established 3 mile course in 27 minutes with a mandatory 5 minute cool down period immediately following the run.
- **1.5 Mile Run (min:sec)** – Applicant's time will be recorded at the 1.5 mile interval of the 3 mile run.
- **Push-ups** – Maximum number of push-ups applicant can do; no time limit; resting in up position permitted; knees cannot touch the floor. Minimum of 20 consequently push-ups required.
- **Sit-ups** – Maximum number of sit-ups applicant can do in one minute; resting is allowed in the up position without support of the applicant's arms. Minimum of 30 sit-ups in 1:00 minute or less.
- **Swim** – Swim 100 yards in a 5 – 8 ft. deep pool with BDU-type pants and t-shirt, but without any shoes, physical assistance, stopping, touching, supporting, or time limit.
- **Swim** – Swim to retrieve an object from the bottom of a 5 – 8 ft. deep pool in BDU-type pants and t-shirt, but without any shoes, physical assistance, stopping, touching, supporting, or time limit.

I fully understand that during my participation in this physical assessment there is a possibility that I may experience physical changes including, but not limited to, abnormal heart rate, abnormal blood pressure, cardiac distress, etc. Moreover, I fully understand and accept the risks of such participation and do not hold the State of Florida, the Florida Department of Law Enforcement, or its employees or agents responsible in any manner for any injury, illness or physical disability caused or resulting from my participation in the physical assessment. I am also aware that trained assessors will monitor the physical assessment.

Signed \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_