**State of Louisiana**

**Department of Public Safety and Corrections**

**Division of Probation and Parole**

**APPLICANT'S CERTIFICATION AND RELEASE FROM LIABILTY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that I am able to safely participate in thepre-employment physical evaluation in accordance with the criteria of the Cooper Institute.

Further, I hereby release and indemnify the State of Louisiana, Department of Public Safety and Corrections/Division of Probation and Parole from liability for any and all injuries that may be sustained by me or caused by me to another during the tests resulting from any physical or mental disorders.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S PRINTED NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S SIGNATURE

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_