

Los Angeles World Airports
Candidate Workout Program and/or Physical Fitness Qualifier
WAIVER and INDEMNIFICATION

CWP Activities. I, the undersigned, understand and acknowledge the Candidate Workout Program (CWP) sponsored by the Los Angeles World Airports (LAWA) to include various forms of exercise which include, but may not be limited to, running, walking, weight-lifting, and other calisthenics such as push-ups, sit-ups, burpees, squats, lunges, jump rope, and the use of medicine balls (CWP Activities). I further understand that these CWP Activities are intended to promote physical conditioning and strength in preparation of my candidacy for the position of Airport Police Officer.

PFQ Activities. I understand that the Physical Fitness Qualifier (PFQ) sessions are a subpart of the mandatory testing requirements for the position of Airport Police Officer. To evaluate my fitness for the position, I understand that I will need to perform a certain number of push-ups within one minute, complete a 300-meter sprint with the time designated, perform a certain number of sit-ups within a minute, and complete a 1.5 mile run in the time allotted (PFQ Activities).

Locations of CWP and PFQ. All CWP Activities will be held at the Airport Police Facility located at 9160 Loyola Boulevard, Los Angeles, California 90045, and all PFQ Activities will be conducted at Aviation Park located at 1935 Manhattan Beach Boulevard, Redondo Beach, California 90278 (collectively referred herein as "Locations").

Acknowledgement of Medical Fitness. I understand and acknowledge that there are inherent risks with performing the CWP Activities and/or PFQ Activities. I further understand and acknowledge that my participation these activities involve strenuous physical exertion with unpredictable consequences. I hereby certify that I am medically fit to participate in all CWP Activities and/or PFQ Activities. I further certify that I do not have any medical conditions and/or restrictions that preclude me from safely taking part in any of these activities. I know and accept that it is my responsibility to notify a representative of the City of Los Angeles (City) of any known pre-existing conditions that might adversely affect my ability to safely participate in and complete any CWP Activities and/or any PFQ Activities. **All participants are strongly encouraged to consult with their physician of choice prior to participating in any CWP Activities and/or PFQ Activities.**

Assumption of Risk. I certify that I am voluntarily participating in CWP and/or PFQ sponsored by the City of Los Angeles ("City"), acting by and through its authorized department, at my own risk. I understand that my participation in CWP and/or PFQ may lead to injury or bodily harm to myself which may include, but is not limited to: my participation in strenuous physical exertion; other participants engaging in similar activities alongside me; the presence of equipment whether in use or stationary; and any known and unknown premise conditions at the Locations designated for CWP Activities and/or PFQ Activities. **I voluntarily assume all risks known and unknown, of any injuries (whether physical, mental, emotional, or leading to death), however caused, even if caused in whole or in part by the action, inaction, or negligence of**

the Released Parties (as defined below) to the fullest extent of the law related to my participation in any CWP Activities, PFQ Activities, and the respective Locations.

Hold Harmless and Indemnification of the City. In consideration of the City's acceptance of my participation in CWP and/or PFQ, I, on my behalf of myself, my heirs, executors, and administrators release and forever discharge the City, its departments, officers, managers, agents, and its employees and assigns from any liability for any injury that may result from or during my participation in the CWP Activities and/or PFQ Activities and my presence on or use of one or more of the Locations, including any claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation. I further agree to indemnify and hold harmless the City, its departments, officers, managers, agents and its employees and assigns against any and all such liabilities, claims, actions, damages, or expenses including but not limited to court costs and attorney's fees. I understand that this waiver and indemnification includes any claims based on negligence, action or inaction of the City, its departments, officers, managers, agents, and its employees and assigns.

Name: _____ Age: _____ DOB: _____

Social Security # (last 4 only): _____

Address: _____ City: _____ Zip Code: _____

Phone: (____) _____

Signature: _____ Date: _____

In case of emergency, notify:

Name: _____ Relationship: _____

Phone: (____) _____