

**NJ TRANSIT POLICE DEPARTMENT**  
**RELEASE AND WAIVER OF LIABILITY**  
**PHYSICAL/ WRITTEN TEST**

In order to qualify myself to be a candidate for employment with the NJ TRANSIT Police Department, I, the below-named applicant, understand that I am voluntarily taking the Physical/ Written Test at my own risk. I understand that I must follow all instructions given by authorized members of the NJ TRANSIT Police Department, Hudson County, and Jersey City University representatives while participating in these tests. I understand that I may discontinue participating in the physical and/or written portion of the test anytime I desire. I acknowledge that failure to follow instructions or to fully complete the tests will disqualify me from further participation in this examination and my name will be removed from consideration for employment with the NJ TRANSIT Police Department as a Police Officer.

Due to the 2019-2020 outbreak of the Coronavirus (COVID-19), the NJ TRANSIT Police Department is taking every precaution necessary to keep everyone safe by enhancing sanitation/disinfection procedures and practicing social distancing in accordance with the Local, State and Center for Disease Control (CDC) guidelines. However, I acknowledge that, these best practices still offer no guarantee regarding my potential risk of becoming infected with COVID-19 and its variants and I understand and acknowledge that I am participating in the Physical/Written Test at my own risk.

I have carefully read and voluntarily sign this Waiver of Liability to release NJ TRANSIT, NJ TRANSIT Police Department, Hudson County, Jersey City University, and their agents, representatives and/or employees, from liability for any and all claims of bodily injury, illness, contagion and/or death resulting from my participation in the Physical/Written Test. I understand that by signing this Waiver, I am giving up legal rights that I may have including the right to seek and recover damages from NJ TRANSIT, NJ TRANSIT Police Department, Hudson County, and Jersey City University for the aforementioned claims. I am sufficiently informed about the risks involved in participating in the NJ TRANSIT Police Department's Physical/Written Tests and I understand that executing this Waiver constitutes a promise not to sue and a release and waiver of liability for all claims.

**I attest that:**

- \* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- \* To the best of my knowledge, I have not been exposed to someone with a suspected and/or confirmed case of COVID-19 and its variants.
- \* I am following all CDC recommended guidelines as much as possible and limiting my exposure to COVID-19 and its variants.

The NJ TRANSIT Police Department is following these enhanced procedures to prevent the spread of COVID-19 and its variants:

- All applicants must wear a mask during registration and while waiting on line to participate in an exercise or will be denied taking a test.
- Increased distance between applicants to adhere to safe social distancing guidelines.
- Each applicant will be asked to sanitize hands upon arrival and between each exercise, as needed.
- All equipment will be wiped thoroughly with disinfectant before and after each applicant completes their exercise.
- All applicants will have their temperature measured prior to registration and will not be allowed to participate if their temperature exceeds 100 degrees.

NJ TRANSIT POLICE RESERVES THE RIGHT TO TURN AWAY ANY APPLICANT THAT REFUSES TO FOLLOW THE ABOVE-MENTIONED PROCEDURES OR PRESENTS ANY COVID-19 and its variants TYPE SYMPTOMS.

By signing below, I agree to each statement above and release NJ TRANSIT, NJ TRANSIT Police Department, Hudson County and Jersey City University, and their agents, representatives and/or employees, from any and all liability for the unintentional exposure, contagion, infection or any harm resulting from COVID-19 and its variants.

NAME: \_\_\_\_\_

LAST 4 of SOCIAL SECURITY #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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