

# SPAT-ENPQ WAIVER AND RELEASE OF LIABILITY

I, the undersigned, \_\_\_\_\_, domiciled and  
residing at \_\_\_\_\_, in  
Address  
\_\_\_\_\_, province of Québec, recognize that  
City  
as part of the hiring process of \_\_\_\_\_  
Name of the police organization  
and at their request, I must pass the standardized physical abilities test  
(2017 POLICE SPAT-ENPQ) and I accept to take it at the École nationale  
de police du Québec on \_\_\_\_\_ .

Furthermore, I hereby release from any liability and waive the right to  
bring any suits or actions against the authorized agents, representatives,  
and employees of the École nationale de police du Québec for any injuries  
that I may sustain in the course of the standardized physical abilities test  
(2017 POLICE SPAT-ENPQ).

SIGNED AT NICOLET

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date