Steven Flores
Chief of Police

St. John Police Department

11033 W. 93rd Avenue | St. John, IN 46373-9701 | Tel: (219) 365-6032 | Fax: (219) 365-5120
www.stjohnin.gov

ACCIDENT WAIVER

WHEREAS, the Town of St. John, Indiana, has called for examinations to be held to establish an eligibility list for the position of police officer; and

WHEREAS, I, _____, the undersigned, residing at _____, in the Town/City of _____, _____ County, State of _____, Zip _____.

Have presented to the Town of St. John my signed application to participate in these examinations, and have been informed that as part of the examinations it will be necessary for me to demonstrate my strength, endurance, and fitness in a series of scheduled tests, as described in the attached information.

NOW, THEREFORE, I, for myself, heirs, executors, administrators, or assigns, hereby waive any or all claims against the Town of St. John and the Northern Indiana Law Enforcement Academy, or any member thereof, now or hereafter to accrue for on account of, because of, any injury or damage that I may sustain because of, in connection with, or on account of these tests, and do hereby release the Town of St. John and the Northern Indiana Law Enforcement Academy, or any member thereof from any or all liability or claim for damages for any injury occurring as a result of my participation in these tests.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 2026.

Signature: _____

Printed Name: _____

THIS ACCIDENT WAIVER MUST BE RETURNED WITH THE APPLICATION