

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
DEPUTY EXPLORER PROGRAM

STATEMENT OF HEALTH

PARTICIPANT'S EVALUATION
(Age 18 Yrs. and older)

The purpose of this letter is to allow the participant, _____
(being 18 years old or older) to participate in the below listed physical training activities. Physical training is one of the components of the Los Angeles County Sheriff's Department's Deputy Explorer Program.

Each participant will be required to perform various calisthenics commonly used by the Los Angeles County Deputy Sheriff's Academy program, including, but not limited to: marching (close order drill), weight lifting, circuit training, sit-ups, pull-ups, push-ups, jumping jacks, leg lifts, basic boxing and/or basic wrestling, sprinting and jogging (up to 4 miles). All the physical training is monitored by the Explorer Program staff. The calisthenics are designed to educate the participant as to the importance of physical exercise and maintaining a healthy lifestyle. The Center for Disease Control (CDC) has identified obesity in children and teenagers as a major health concern.

In addition, the participant will be subjected to the mental stress of receiving, interpreting, and immediately reacting to verbal commands as they relate to physical training and marching drills. The participant will occasionally be required to stand at "attention" for varied periods of time (not exceeding 10-15 minute intervals).

To the best of my knowledge, I am in apparent good health and are physically and mentally able to participate in the physical training activities of the Deputy Explorer Program, as described above. I understand and agree that I receive a written medical clearance from a physician prior to being enrolled into the explorer program, and agree that I will provide a copy of to the Los Angeles County Sheriff's Department's Deputy Explorer Program.

I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will.

Participant's Name (print): _____

Participant's Name (Signature): _____ Date: _____