

Office of the Sheriff

SANTA BARBARA COUNTY

BILL BROWN Sheriff-Coroner

STATIONS

Buellton 140 W. Highway 246 Buellton, CA 93427 Phone (805) 686-8150

Carpinteria 5775 Carpinteria Avenue Carpinteria, CA 93013 Phone (805) 684-4561

Isla Vista 6504 Trigo Road Isla Vista, CA 93117 Phone (805) 681-4179

Lompoc 3500 Harris Grade Road Lompoc, CA 93436 Phone (805) 737-7737

New Cuyama 70 Newsome Street New Cuyama, CA 93254 Phone (661) 766-2310

Santa Maria 812-A W. Foster Road Santa Maria, CA 93455 Phone (805) 934-6150

Solvang 1745 Mission Drive Solvang, CA 93463 Phone (805) 686-5000

Sheriff - Coroner Office 66 S. San Antonio Road Santa Barbara, CA 93110 Phone (805) 681-4146

4436 Calle Real Santa Barbara, CA 93110 Phone (805) 681-4260

Main Iail

COURT SERVICES
CIVIL OFFICES

Santa Barbara Division 1105 Santa Barbara Street P O Box 690 Santa Barbara, CA 93102 Phone (805) 568-2900

Santa Maria Division 312 E. Cook Street, "O" Santa Maria, CA 93456 Phone (805) 346-7430 P. O. Box 6427 · 4434 Calle Real · Santa Barbara, California 93160 Phone (805) 681-4100 · Fax: (805) 681-4322 www.sbsheriff.org

BEFORE SIGNING THIS WAIVER AND PARTICIPATING IN THE PHYSICAL AGILITY TEST OR PRACTICE PHYSICAL AGILITY TEST, YOU WILL BE GIVEN A DESCRIPTION OF THE TEST. PLEASE ASSURE YOURSELF THAT YOU ARE PHYSICALLY CAPABLE OF SAFE PARTICIPATION.

ACCIDENT WAIVER

I, for myself, my heirs, executors, administrators or assigns hereby waive any or all claims against the County of Santa Barbara, and all employees or members 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 this physical strength and agility test and hereby release the County of Santa Barbara, or any employees or members thereof, from any or all liability or claim for damages for any injury occurring as a result of these tests.

I CERTIFY THAT I AM IN SUFFICIENT PHYSICAL CONDITION TO UNDERTAKE THIS TEST.

Name Printed: _	 	
Signature:		
J		
Date:		