Fit for Defensive Tactics

I understand that I am required to successfully complete all training requirements of the position as established by the Arizona Supreme Court and the probation department.

I understand that by signing this document I attest that to the best of my knowledge I am medically and physically able to participate in the Defensive Tactics Training Academy which shall include, at minimum:

- Minor aerobic activity
- Standing for up to 1 hour at a time
- Throwing punches (at partial speed)
- Use of Impact weapons
- Kicking at targets below 24”
- Controlled falls
- Punch and kick drills (partial speed)
- An exposure to Oleoresin Capsicum (OC) Spray

_____ _____

(Officer’s Signature) (Date)

_____

(Please print name)

_____ _____

(Supervisor’s Signature) (Date)