

**PRINT NAME:** \_\_\_\_\_

**MEDICAL DISCLOSURE FORM**

Missoula County Public Schools (“MCPS”) agrees to offer Classes through the adult education program at the Lifelong Learning Center to individuals enrolled (“Student” or “You”) in Classes, which include fitness, and dance (“Classes”).

In consideration of MCPS accepting the Student and in consideration of the services rendered by MCPS, the Student hereby:

1. Voluntarily requests that he or she participate in a Class or Classes;
2. Represents he or she is fully capable of participating in the Class or Classes and agree to disclose all known limitations, which may interfere with the Student’s ability to participate, to MCPS on the medical questionnaire supplied below, including, but not limited to, medical conditions, physical limitations, and any other limitation known to the Student.
3. Understands and acknowledges that he or she may not be skilled in one or all of the Classes;
4. Understands and acknowledges that MCPS has informed him or her that certain risks are inherent in some Classes and cannot be eliminated without destroying the unique character of the Class. These risks may include, but are not limited to, the inherent dangers related to construction, electrical work, cooking, hazards of traveling in and to areas without medical services or care, dangers due to the forces of nature (including, but not limited to, avalanches, lightning, fire, inclement weather, exposure, flooding), dehydration, falls, injury caused by malfunction or failure of any equipment, injury or sickness resulting from food, allergies, transportation accidents, and others;
5. Understands and acknowledges that the foregoing description of risks is incomplete, and these risks and other unlisted, unknown, or unanticipated risks may result in injury or death;
6. Understands and acknowledges that participating in a Class may require a degree of skill and knowledge which the Student may not possess;
7. Understands and acknowledges that the Student has responsibilities as a participant to listen to any instructions, warnings, or risk assessments of MCPS, to ask for instruction or clarification whenever needed, and to follow instructions; and
8. Understands and acknowledges that MCPS may remove the Student from a Class for any breach of safety policies, or any conduct that MCPS or one of its representatives deems unsafe.

**MEDICAL QUESTIONNAIRE**

Due to the potentially vigorous activity or handling of potentially dangerous equipment involved in the Classes offered through MCPS’ adult education program, we request the current status of your health. If you have any questions concerning your general health, we advise you to consult your physician before participating in the Class.

**Please respond by indicating YES or NO to the following questions:**

1. Have you ever been advised by a doctor to avoid exercise or handling certain equipment? \_\_\_\_\_
2. Do you smoke? \_\_\_\_\_
3. Do you ever have difficulty breathing? \_\_\_\_\_

-----**TURN SHEET OVER**-----

4. Have you ever had heart or lung problems? \_\_\_\_\_
5. Do you have asthma? \_\_\_\_\_
6. Do you have high blood pressure? \_\_\_\_\_
7. Do you have arthritis requiring frequent medication for relief or pain? \_\_\_\_\_  
If yes, where is your pain located? \_\_\_\_\_
8. Are you a diabetic? \_\_\_\_\_
9. Have you had any injuries in the past which may recur as a result of participating in this Class? \_\_\_\_\_
10. Have you had any major or minor surgeries in the past year? \_\_\_\_\_  
If yes, what (if any) are your physical limitations? \_\_\_\_\_
11. Do you have osteopenia or osteoporosis? \_\_\_\_\_  
If yes, which one and where? \_\_\_\_\_
12. Are you pregnant? \_\_\_\_\_ If so, how many weeks? \_\_\_\_\_
13. Are you taking any medication which could impair your ability to operate or handle equipment? \_\_\_\_\_  
If so, please list all such medications \_\_\_\_\_  
\_\_\_\_\_

If you answered **YES** to any of the above, please inform your instructor prior to the Class starting for safety modifications. Please also inform your instructor of any other information that he or she may need to know to provide you with a safe and effective class.

The Student hereby consents to participating in each Class in spite of, and with full knowledge of, risks which may be associated with that Class.

This Agreement is in effect from the date signed below and expires on **June 30, 2016** or the time at which any of the responses to any of the above questions have changed.

By signing this Agreement, the Student acknowledges he or she has carefully read and understands its contents and will complete a new form should the above conditions change prior to the expiration date of this agreement.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
STUDENT PHONE NUMBER