Print	Name: Class Number:
	GENERAL WAIVER & RISK DISCLOSURE FORM
Learn aid an	oula County Public Schools ("MCPS") agrees to offer courses through the adult education program at the Lifelong ing Center to individuals enrolled ("Student" or "You") in courses, which include photography, nature studies, first ad CPR, art, gardening, cooking, fishing, electrical work, and construction ("Courses"). General waivers are to be leted by all students enrolled in every class which contains a physical hazard or danger.
In con	nsideration of MCPS accepting the Student and in consideration of the services rendered by MCPS, the Student y:
1.	Voluntarily requests that he or she participate in a Course or Courses;
2.	Represents he or she is fully capable of participating in the Course or Courses and agrees 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 Courses;
4.	Understands and acknowledges that MCPS has informed him or her that certain risks are inherent in some Courses and cannot be eliminated without destroying the unique character of the Course. 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 Course 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 Course for any breach of safety policies, or any conduct that MCPS or one of its representatives deems unsafe.
•	gning this Agreement, the Student acknowledges he or she has carefully read and understands its contents and will lete a new form should the above conditions change prior to the expiration date of this agreement.
STUE	DENT SIGNATURE Date
STUL	DENT PHONE NUMBER

-----OFFICE USE ONLY-----