

**ADULT/CONTINUING EDUCATION
AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGMENT OF RISK
Great Falls School District**

As a condition to participate in the Great Falls Public Schools Career and College Readiness Center (CCRC) Adult Education Programs, you, as the program participant, are required to complete the enclosed form. It is the policy of the School District to require an acknowledgement of risk and emergency medical treatment release as a condition of participating in this program. If you would like to participate, please carefully read and sign this document.

This program may include physical activity. There is an inherent risk of injury in these types of activities. By signing this agreement, I acknowledge that the school district staff and volunteers try to prevent accidents. I, the undersigned, hereby acknowledge and understand that, regardless of all feasible safety measures that may be taken by the district, participation in this event entails certain inherent risks. I certify that I am physically fit and medically able to participate or have noted an applicable physical or medical diagnosis at the bottom of this form. I further certify that I will honor all instructions of district staff and volunteers and failure to honor instructions may result in dismissal from the course.

I agree to accept responsibility for my participation in this program. I acknowledge there are no assurances these measures taken by the School District to prevent injuries or prevent the spread of illnesses in this course. These inherent risks that participants specifically acknowledge include but are not limited to injury; illness; hospitalization, chronic health issues, quarantines of an unknown duration to be determined by governing authorities and death. By voluntarily enrolling in this program, I am specifically acknowledging awareness and knowledge of these inherent risks. All School District Policies are in effect while in the program. Any negligence arising out of my participation in the program shall be attributed to the class participant as comparative negligence within the meaning of Section 27-1-702, MCA.

I, the undersigned, authorize qualified emergency medical professionals to examine and, in the event of injury or serious illness, administer emergency care to me if required under the circumstances based on, and in accordance with, their medical training. I understand every effort will be made to contact the family or contact person noted below to explain the nature of the problem prior to any involved treatment. I understand emergencies may require immediate treatment in the opinion of medical professionals. In the event it becomes necessary for the district staff in charge to obtain emergency care for me, I understand that neither the district employee in charge of the activity nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

I have been informed that the activities associated with the CCRC Adult Education program is voluntary and will occur at the Great Falls College – Montana State University.

Do you have a medical condition which the school should be aware of before allowing you to participate in the activity?
Yes _____ No _____. If yes, please state the nature of the medical condition: _____.

Participant Signature: _____ Parent/Guardian if Under 18: _____

Printed Name: _____ Printed Name: _____

Address: _____ Phone Number: _____

Emergency contact information (if different than the above-listed phone number): _____