

Montana Physical Abilities Test Waiver

Applicant's Name:

I have been advised of and understand the composition of the Montana Physical Abilities Test. I am not aware of any physical or medical reason that would prohibit me from participating in the Montana Physical Abilities Test. I am comfortable that I can participate in the physical abilities skills test without causing injury to myself by my participation in this strenuous activity.

I have been strongly advised that I should consult with a physician or other health care professional prior to participating in the physical abilities skills test if I have any history of injury or illness that may be aggravated by my participation. I further have been advised to consult with a physician or health care professional should I have any questions pertaining to my health or ability to participate in the physical abilities skills test.

I understand that my participation in the physical abilities skills test is voluntary and that I may choose not to participate or cease participation at any time. I have further been advised by the testing proctors that I should cease participation in the testing immediately upon any feeling of unusual discomfort, shortness of breath, chest pain or any other pain that I would associate with illness or injury.

I understand that my voluntary participation in the physical abilities skills test may result in exhaustion, rapid heart beats, and soreness and aches of various muscles.

I have advised the physical abilities skills test proctor of any and all medical conditions or history of injury and illness that may be affected or be aggravated by my participation, including but not limited to the following:

INITIAL

I have not been treated or diagnosed with any heart or cardio-respiratory condition.

INITIAL

I have not been treated or diagnosed with a respiratory condition or ailment including asthma or allergies.

INITIAL

I have not been treated or diagnosed with high blood pressure and hyper tension.

INITIAL

I have not been treated or diagnosed with diabetes or low blood sugar ailments.

I agree to indemnify and hold harmless any all persons, known or unknown, responsible for hosting, proctoring, or conducting any or all portions of the physical abilities skills test from any liability or claim in the event that I should incur any bodily or personal injuries or death that may arise out of my voluntary participation in the physical abilities skills test.

Applicant's Signature

Date

Witness Signature

Date