

**Montana Chiefs of Police Association
Medical Waiver**

Applicant's Name:	Date of Birth:	
Social Security Number:	Age:	Gender:

This is to certify that I am not aware of any physical or medical reason that would prohibit me from participating in activities that require physical exertion. I am comfortable that I can participate in physical fitness and training without causing injury to myself by my participation in these types of strenuous activity.

I have taken ample opportunity to discuss my participation in training that requires physical exertion with my physician and have advised him/her of any and all physical or medical conditions that I may know of that may prevent me, or cause me injury or illness, from participating in these activities.

Applicant's Signature:	Date of Signature:
Parent Signature:	Date of Signature:

This is to certify that the above named person, _____, hereinafter referred to as applicant is capable of strenuous physical exercise and is physically capable of attempting and participating in the activities that require physical exertion.

I have inquired and been advised by the applicant that there are no known physical and or medical condition that may cause undue injury and illness from the applicants participation in activities that require physical exertion.

I am placing the following limitations on the applicant's participation. *(Must check one of the following)*
[] – None
[] – As follows, including allergies and current prescription medicines:

Physician's Printed Name:	Telephone Number:
Address:	City, State, Zip:
Signature:	