

MBIT PUBLIC SAFETY MEDICAL FORM

NAME: _____ **SESSION:** _____

The Public Safety Program at MBIT is designed to offer the student a diverse array of training opportunities. Some of the trainings/techniques will involve defensive tactics as well as physician exercise and exertion. Due to the nature of the program and the concern for safety of everyone involved, please complete the following form and return it signed by you, your parents/guardian, and your family physician.

1. In signing this form, I assert that I:
 - a. Am currently in good physical and mental health;
 - b. Have no reason to believe that I am not in good physical and mental health;
 - c. Am fully aware of, and do recognize the risk of injury inherent in my participation in this program;
 - d. Am responsible for refraining from participation in acts which I would consider unsafe and;
 - e. Have read and fully understand the information in this form.

2. In signing this form, I assert that I am willing to enter and participate in this program in spite of: (list condition):

However, knowing the types of activity in which I will be involved, I believe I will be able to participate with no negative effects.

Signature of student

Signature of Parent/Guardian

3. **Please have your physician fill out the following information:**

The above-named student has no known physical problems that must be taken into consideration during activities similar to judo, wrestling, boxing, or gymnastics.

1. Briefly describe any health or physical problems. If none, print "NONE".

Signature of Physician

Date