

Bainville School District

Weight Room and Fitness Center Liability Release Form

1. I understand that I must be 18 years of age and not enrolled in any high school or equivalent program in order to qualify for access to the Bainville School Weight Room and Fitness Center.
2. I understand that if my access card is used by anyone other than myself my rights and access will immediately be terminated.
3. I understand that if I abuse my rights and access in any way deemed inappropriate by administration my rights and access will immediately be terminated.
4. I understand that I am solely responsible for any guest whom accompanies me into the Weight Room and Fitness Center.
5. I understand that a photocopy of my current driver's license is required to obtain an access card.
6. I understand that I will always lift with a partner.

Weight Room and Fitness Center Hours: 5:00 AM – 7:00 AM and 7:00 PM – 9:00 PM only.

Premises and Conditions

Conditions of Facilities Use – Use of District facilities is conditioned upon the following covenants:

1. That no alcoholic beverages, tobacco, nicotine products or other drugs are sold or consumed on the premises by the requesting individual or any of its employees, patrons, agents, or members.
2. That no illegal games of chance or lotteries will be permitted.
3. That no functional alteration of the premises or functional changes in the use of such premises shall be made without specific written consent of the District.
4. That adequate supervision is provided by the individual to ensure proper care of District facilities.

District's Rights

The District reserves the right to cancel this Agreement, when it is determined by the District that the facilities are needed for school purposes.

Liability Release

It is the policy of the Bainville School District to require a signed liability release before allowing anyone to participate in a non-school activity on school property.

I understand that the school and the staff will do as much as possible to prevent accidents. However, I fully understand that some activities involve inherent risks to me regardless of all feasible safety measures that may be taken by the District. In consideration of the District's agreement to allow me to participate in the Weight Room and Fitness Center, I agree to accept responsibility for any loss or injury to me that occurs during my participation that is not the result of fraud, willful injury or the willful negligent violation of the law by a trustee, employee, or agent of the Bainville School District.

In the event it becomes necessary for the District staff in charge to obtain emergency care for me, neither he/she nor the district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

Name: _____
(Please Print)

Date: _____

Signature: _____

Address: _____

Phone Number: _____

Do you have a medical condition which the school should be aware of before allowing you to participate?
NO _____ YES _____ (please state) _____

Are you 18 years of age and not enrolled in any high school or equivalent program? NO _____ YES _____