

**Lockport City School District
2019 - 2020**

Pass # _____

Informed Consent and Assumption of Risk Agreement

Name: _____ Phone: _____

Address: _____

Date of Birth: _____ Gender: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Are You: Student Faculty/Staff Community Member (Circle One)

As a condition of using the Lockport City School District's Fitness Room, I understand there is a fee of *\$25.00 per person for the 2019-20 season. I also acknowledge that I have read this form, fully understand it, and agree to its terms and conditions.

Initial

- _____ 1. I hereby acknowledge that I have obtained medical clearance from my physician for use of the fitness room's equipment and participation in the fitness room exercise activities. I further understand that I will be solely responsible for monitoring the manner and intensity of my use of the fitness room's equipment and exercise program, and will do so in a way which will not jeopardize my health, safety or physical well being, or the health, safety or well being of other fitness room users. In particular, I agree that I am solely responsible for complying with my restrictions identified by my physician as to use of the equipment or participation in exercise activities. I further agree that if any circumstances occur which would impact my physician's medical clearance, I will notify the District and my physician of the circumstance.
- _____ 2. I agree to follow all directions of the fitness room supervisor and acknowledge that failure to follow such directions may result in the termination of my privilege to use the fitness room.
- _____ 3. I understand that the supervision of the fitness room provided by the District is general in nature and the fitness room supervisor is not responsible for supervising or monitoring the manner or intensity of my use of the equipment or participation in exercise activities.
- _____ 4. I hereby acknowledge that my use of the District's fitness room involves risks of serious personal injury or death, including injuries to bones, muscles, tendons and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks), and any other personal injuries that may occur with strenuous physical activity. Based on the foregoing, I assume all risks associated with my use of the District's fitness room.
- _____ 5. I hereby release the Lockport City School District, its Board of Education, in both their corporate and individual capacities, its employees and supervisors for all claims (of any nature) relating to my use of the District's fitness room, including, but not limited to, claims for personal injury or death and damage to or loss of personal items.

User's Signature

Date

If user is under the age of 18, the user's parent or guardian must also sign this form as acknowledgement and acceptance of the terms and conditions set forth herein on behalf of the user.

Signature of user's Parent/Guardian

Date

***Check should be made payable to Lockport City School District and sent to the Lockport Board of Education, 130 Beattie Avenue, Lockport, NY 14094. Please note on your check the name of individual who will hold the pass.**

W.F.FA