



Steve Chiaro – Superintendent/CEO

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Student Release, Acknowledgment of Risk, and Waiver of Liability for use of the Warren City School District Student Recreation and Wellness Center

Please read this form carefully and be aware that your signature indicates that you fully understand that by using the Warren City Schools Student Recreation and Wellness Center (if you are 18 or older) or by allowing your minor child to use the Warren Recreation and Wellness Center, you will be waiving and releasing all claims for injuries you or your minor child might sustain arising out of the use of the Student Recreation and Wellness Center.

WARNING OF RISK

Aerobic and other fitness exercises including weight training, use of stair climbers, treadmills, and other training devices, despite careful and proper preparation, instruction and medical advice, conditioning, and equipment, pose a substantial risk of injury. Potential injuries include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat exhaustion or stroke, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death. You are responsible for determining if you or your minor child are physically fit for these activities. It is advisable to consult a physician before undertaking a physical exercise program.

RELEASE FROM LIABILITY

I recognize that use of the Student Recreation and Wellness Center for non-school-sponsored activities is completely voluntary. In consideration of the use of the Student Recreation and Wellness Center and equipment, and in recognition of the possible perils of the use of exercise facilities, I, for myself and my heirs, executors, administrators, legal guardians or representatives, and assigns, do hereby release the Warren City School District and its agents ("District") from any liability for injuries sustained from the use of such facilities and equipment, and waive all claims which I might have against the District and/or the Boosters arising out of or connected with my or my minor child's use of the Student Recreation and Wellness Center.

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and that I am or my minor child is voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to assume any and all risk of injury or death. In the event of an emergency, I authorize the District to secure from any licensed hospital, physicians and/or medical personnel any treatment deemed necessary for my or my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I am aware that this is a release of liability and sign it of my own free will.

Student Name (printed): _____

Authorized signature*: _____

Name (printed): _____ Date: _____

*Signature of student if 18 or older, of parent if under 18