

Glen Ullin Public School Student Weight Room Usage and Waiver Form

1. Participant represents to the School District to the best of participant's knowledge as follows:
 - I am physically capable of participating in the Glen Ullin Public School Weight Room Facility.
 - I do not suffer from any physical or **mental condition** and do not take medications which might limit my ability to do so.
 - I have consulted with my personal physician or have elected not to do so.
 - I will immediately notify the Glen Ullin Public School District in the event of any change in my physical or **mental condition** or other factors that might prevent or limit my participation in the Weight Room Facility.
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2. **Misuse of the Weight Room Facility, or any school property, will result in the termination of the student's weight room membership.**
3. **Add cost for student weight room membership. Currently \$5 for key then no payment until after graduation.**
4. The participant will follow all rules set forth regarding the use of the Weight Room Facility:
 - a. Please change shoes upon entering the Weight Room Facility.
 - b. Only water bottles that can be capped are allowed in the Fitness Center; no other liquids or food are allowed.
 - c. Leave the machine clean for the next person by following the wipe down procedures.
 - d. During periods of high traffic volume, time on the cardio-vascular machines will be limited to 10-15 minutes.
 - e. Wear clean, suitable, presentable clothing.
 - f. **Children/students younger than 9th grade are NOT allowed in the Weight Room Facility without DIRECT adult supervision.**
 - g. **The Weight Room Facility is designed for our student athletes and their activities will take priority.**
 - h. Foul language will not be tolerated in conversation or music.
 - i. Music will be kept to an acceptable volume. Please be considerate of other people.
 - j. Please shut off sound system and lights when leaving the Weight Room Facility.
 - k. If a machine breaks please report the problem, do NOT attempt to fix it.
 - l. The Weight Room Facility reserves the right to modify these rules.
 - m. If damages occur during student use they will be required to pay for all damages.
 - n. All Glen Ullin Public School student policies apply in the Weight Room Facility.

Waiver and Release

You agree that if you engage in any physical exercise or activity or use any Weight Room Facility on the premises, you do so at your own risk. This includes, without limitation, your use of a locker, parking area, sidewalk or any equipment in the Weight Room Facility and your participation in any activity, class program or instruction. You agree that you are voluntarily participating in these activities and using these facilities and premises and assume all risk of injury, illness, damage or loss to you or your property that might result, including, without limitation, any loss or theft of any personal property. You agree on behalf of yourself (and your personal representatives, heir, executives, administrators, agents and assigns) to release and discharge the Glen Ullin Public School (and our affiliates, employees, or volunteers, agents, representatives, successors and assigns) from any and all claims or entries of action (known or unknown) arising, including any claim for negligence on the part of the Weight Room Facility. This Waiver and Release of liability includes, without limitation, injuries which may occur as a result of: 1) your use of any exercise equipment or facilities which may malfunction or break; 2) any improper slipping and falling while in the facility or on the premises. You acknowledge that you have carefully read this waiver and release of liability and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert a claim against fitness center provider for negligence.

I have read, understand and agree to abide by this Membership Agreement, Permission and Release of Liability Form.

Name (Please Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Address _____

Email: _____

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Cell Phone Number: _____