

**DEER PARK COMMUNITY CITY SCHOOL DISTRICT  
FITNESS CENTER WAIVER AND RELEASE FORM**

I, \_\_\_\_\_ [INSERT NAME], would like to use fitness facilities and equipment owned and operated by the Deer Park Community City School District Board of Education. In consideration of my use of equipment and facilities, I expressly agree to the following terms of this Waiver and Release.

As part of this Waiver and Release, I acknowledge and understand the risks involved with my use of the fitness facilities and equipment, and hereby assume full responsibility for any risk of bodily injury, personal injury, mental injury or death due to said participation. **Initials** \_\_\_\_\_.

I hereby affirm that I have insurance coverage for injuries/accidents occurring in the course my use of the Deer Park facilities and equipment. I also affirm my understanding that the continuation of said coverage is an ongoing requirement for so long as I participate in the activities named herein. I attest that I can provide proof of said coverage upon request. **Initials** \_\_\_\_\_.

I agree to be solely responsible for safety and well being of myself and my property. I understand and agree that the Board of Education is not responsible for property that is lost, stolen, or damaged while in, on or about the premises. **Initials** \_\_\_\_\_.

I hereby for myself, my heirs, executors or anyone else who might make a claim on my behalf release, waive, discharge and covenant not to sue the Board of Education of the Deer Park Community City School District, its individual members, its superintendent, principals, administrators, employees, agents, volunteers or anyone acting on its behalf, from and for any and all liability, claims, demands, actions or causes of action, of whatever kind or nature, either in law or equity, arising from or by reason of any bodily injury, personal injury or mental injury, known or unknown, including death, resulting from, or to result from my use of District-owned fitness facilities and equipment. **Initials** \_\_\_\_\_.

I expressly agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Ohio. Moreover, it is expressly agreed that if any portion of this waiver is held invalid, the balance shall, nevertheless, continue in full force and effect. **Initials** \_\_\_\_\_.

I further state that I have fully and carefully read the above waiver, know the contents of same and sign it out of my own free will without any inducements or assurance of any nature. **Initials** \_\_\_\_\_.

**Emergency Contact Information:**

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

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Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

*Please Print Clearly*

*The following section must be completed if the participant is under the age of eighteen.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

*Please Print Clearly*