



Strasburg School District 31J

District Mission: Develop responsible and productive members of society

56729 E. Colorado Ave, Strasburg, CO 80135

Phone: (303) 622-9211 Fax: (303) 622-9224

Weight Room Release

I acknowledge that on _____ I _____ was taught Safety Guidelines and proper use of the machines and equipment in order to use the Strasburg School District 31J weight Room by _____. I am aware that I am not allowed to be in the weight room without proper adult supervision.

I will adhere to all safety guidelines and practices when using the weight room.

I/we have accepted responsibility to verify with my physician that my child has no physical or psychological problems that would prohibit his/her participation in the activity, and agree to advise my child to comply with the instructions and directions of the School District, agents, volunteers and/or employees as participants in this activity.

I/we, _____ (Parent/Guardian), in return for my child's opportunity to use the weight room do hereby exempt and release the School District, its directors, officers, employees, volunteers and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the activity, whether or not such damage, loss or injury results from the acts or omissions of the School District, its directors, officers, employees, volunteers or agents.

I/we understand that if I/we do not sign this Release, then my child will not be permitted to use the weight room, which may incline the district to change my child's schedule. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s) guardian(s) of _____ (Student).

Parent/Guardian: _____ Date: _____

Student: _____ Date: _____