Lincolnview Local Schools – "Community Center"

"Community Member Release, Acknowledgment of Risk, and Waiver of Liability for use of the Lincolnview Community Center"

Please read this form carefully and be aware that your signature indicates that you fully understand that by using the Lincolnview Community Center you will be waiving and releasing all claims for injuries you might sustain arising out of the use of the Lincolnview Community 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, heart 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 are physically fit for these activities. It is advisable to consult a physician before undertaking physical exercise program.

Membership: Please check which applies:

- o Alumni (membership to be issued to alumni individual) – Class of _____
- o Own Land/Housing in District (include address / property description):

  _____
- o Children who are CURRENTLY Open Enrolled in District (child/children name:)

  _____
- o Live in District

Release from Liability:

In consideration of the use of the Lincolnview Community Center and equipment, and the recognition of the possible perils of the use of the exercise facilities, I, for myself and my heirs, executors, administrators, legal guardians or representatives, and assigns, do hereby release the Lincolnview Local 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 arising out of our connected with my use of the Lincolnview Community 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 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 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.

Name (printed): _____ E:mail address: _____

Signature: _____ Date: _____

Family members (who live with you in your household) who may access the facility with you:

_____

_____

_____

_____

Fob #: _____ Fob #: _____