

# FERNDALE AREA SCHOOL DISTRICT

## ACKNOWLEDGMENT OF RISK AND HOLD HARMLESS AGREEMENT

I hereby acknowledge that I have voluntarily chosen to use the facilities and participate in the activities of the **FERNDALE AREA SCHOOL DISTRICT**, including, but not limited to, exercise and recreational equipment and sports facilities at the **FERNDALE AREA Community Mental Health and Wellness Center** (hereinafter called "facilities").

I understand the risks involved in the use of the facilities. I recognize that the use of the facilities and its activities involves risk of injury, including that there may not be supervision, instruction, or assistance provided for the use of the facilities. I agree to accept any and all risks associated with use of the facilities, including but not limited to property damage or loss, bodily injury, and death. I understand and agree that I am voluntarily using the facilities with the knowledge that I am assuming all associated risks and hazards involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death.

In consideration for receiving permission to use the facilities, I hereby agree, to the fullest extent permitted by law, on behalf of myself, my family, estate, heirs or assigns to release, waive, indemnify, defend and hold harmless **FERNDALE AREA SCHOOL DISTRICT**, its officers, directors, employees, agents, volunteers and assigns from and against any and all damages, injuries, claims, litigations, expenses (including but not limited to attorneys' fees and costs), whether for any injuries to any person including damages to personalty, damages to realty, or any injuries or damages suffered by any person whatsoever, arising out of or in connection with my use of the facilities, regardless of whether such loss is caused by the negligence of the **FERNDALE AREA SCHOOL DISTRICT**, its officers, directors, employees, agents, volunteers and assigns.

I further understand that this acknowledgment of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgment of risk and hold harmless is effective for as long as I use the facilities.

I certify that I am in good physical condition and allow myself to use the facilities at my own risk. I agree to follow all **FERNDALE AREA SCHOOL DISTRICT** rules regarding use of the facilities and to comply with all directives from any staff monitors that may be present.

**I HAVE READ THE FOREGOING AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

*Please Print*

\_\_\_\_\_

Last	First	Middle Initial
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Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** *If the participant is under the age of 18, the signature of a parent/guardian is required.*

Parent Name: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_



# FERNDALE AREA SCHOOL DISTRICT

## Application to use the Ferndale Area Community Mental Health and Wellness Center

### Please Print

Full Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Ferndale Borough \_\_\_\_ Dale \_\_\_\_ Middle Taylor \_\_\_\_ Lorain \_\_\_\_ Brownstown \_\_\_\_

### Emergency Contact Information

Relationship to Applicant: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
\_\_\_\_\_

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

### Medical Information (Voluntary)

Do you have any medical conditions that emergency personnel should be aware of in the event you require medical treatment?

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