

**Cardio Room/Weight Room Use
School District of Auburndale**

**WAIVER OF LIABILITY, ASSUMPTION of RISK
and INDEMNITY AGREEMENT for PARTICIPATING ADULTS**

In connection with and consideration of my participation on School premises, I, hereby represent and agree as follows:

1. I am aware that participation in any School related activity or activity on the School's premises can potentially be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the School, on the School's premises and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat exhaustion, heat stroke, frostbite, brain damage, blindness, deafness, drowning, heart attacks, paralysis and, even death.
2. I represent and warrant that I have no physical, health related or other problems which would preclude or restrict my participation in the activity or otherwise render my participation dangerous or harmful to myself or others. I further represent and warrant that I have adequate medical, health, and/or other insurance coverage for participation.
3. I further agree to reimburse or make good any loss or damage cost that the school (its officers, employees, and agents) may have to pay, in any manner, if any litigation arises on account of any claim made by me or anyone on my behalf, but not limited to any negligent act or omission of the School.
4. Knowing the dangers, hazards and risks associated with the School and the specified activity and with sufficient knowledge of my physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which I may, in any way, sustain in connection with participation in the School, on the School premises and related activities.
5. I agree that I will abide by all rules and regulations applicable to participation in the activity and the School. Should I require emergency medical treatment or first aid as

a result of illness or injury associated with the School or related and/or specified activities, I consent to such first aid and/or treatment and agree to pay for any and all related medical and hospital expenses associated with such treatment.

6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the School District of Auburndale and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the School and/or related or specified activities, whether due to the negligence, mistake or other action or inaction of the School District of Auburndale staff, or any other person or entity involved in any way with the School.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE,
ASSUMPTION OF RISK AND INFORMED CONSENT FORM, AND I SIGN IT
VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Print Name

Signature

Date

Adopted: December 19, 2018