



LAUREL PUBLIC SCHOOLS

RELEASE OF LIABILITY/ASSUMPTION OF RISK WAIVER

It is my desire to use the Laurel Public School's weight room facilities on my own personal time and not related to school district activities. I fully understand and acknowledge that risks and dangers exist in my participation in this activity. By signing this agreement, I certify that I am fully capable of participating in this activity. I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities, and that I have the skill, capacity and knowledge required to participate. I understand and agree that I have specific responsibilities to myself and others as a participant in this activity.

I understand and agree that it is my responsibility to carry and maintain insurance for the risks involved in my participation in this activity. I acknowledge and certify that I have insurance in place that covers bodily injury to me as the result of participation in this activity. In the event that the district must obtain emergency treatment for me, the district does not assume financial liability for expenses or losses incurred because of an accident, injury, illness and/or unforeseen circumstances.

I fully understand that this activity involves inherent risks to participants regardless of reasonable measures that may be taken by the district. In consideration of the district's agreement to allow me to participate in the above referenced class/activity and use school district facilities and equipment, I agree to accept full responsibility for any loss, damage, or injury that occurs during my participation except that which may be caused by the willful or intentional acts by a trustee, employee or agent of the Laurel Public Schools.

Participant Signature: _____

Printed Name: _____

Date: _____

Department or school: _____