Columbus School District Fitness Center
Release and Hold Harmless Agreement

In utilizing the (Columbus School District) Fitness Center, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or losses, which I may sustain as a result of participating in all activities connected with or associated with such program. I agree to relieve and relinquish all claims I have as a result of participating in the program, against the (Columbus School District) and its officers, agents, and employees. I do herby fully release and discharge the (Columbus School District) and its officers, agents, and employees from any and all claims from injuries, damages, or losses, which may have or may accrue to me during use of the Fitness Center.

I have read and understand the "Release and Hold Harmless Agreement" and understand my signature is required to utilize the (Columbus School District) and its programs. In consideration of being permitted to use the facilities, I do for myself, my heirs, administrators and assigns, hereby release and forever discharge the (Columbus School District), all past, present and future officers, directors, agents and employees of the foregoing and all heirs, administrators, legal representatives, and assigns of the foregoing, from any and every claim, demand, action, or right of actions, of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury known or unknown, death or property damage resulting or to result from my use of the (Columbus School District) facility.

I understand that users of the Fitness Center are encouraged to utilize the center during normal Fitness Center hours and that if I utilize the Center outside those hours, I must bring another employee or Fitness Center member for safety. I further release all anyone from any claim whatsoever on account of first aid, treatment or service rendered me as a result of my use of (Columbus School District) facilities.

Acceptance and Agreement

Member Name (Please Print):_____

_____ _____

Signature of Member:_____ Date:_____

Emergency Contact Information

Emergency Contact #1

Name:_____ Relationship:_____ Cell Phone:_____

Emergency Contact #2

Name:_____ Relationship:_____ Cell Phone:_____