

Mansfield School District / Fitness Room/Gymnasium Use and Release Agreement

**FAMILY MEMBERSHIP**

I have read the policy or administrative regulation and the rules and regulations for the Mansfield School District/ Fitness Room and Gymnasium use. I fully understand them and I agree to comply with them, including such modifications as may be made from time to time. I agree to modify my workout to conform to the wishes of the MSD if asked to do so. I understand that the use for the fitness room and gym is a privilege and not a right and that my membership may be revoked or restricted. I understand that if I give my access card to anyone or allow non-members (including students not covered by my membership) to enter the facility my membership may be terminated.

I agree to leave the fitness center or gymnasium if asked to do by a member of the MSD staff or any supervisor and understand if I am present without permission that I would be a trespasser. I also agree to promptly report to the MSD administration: (1) any failure by any other person to follow the rules of the facility or (2) any usage condition. I am aware that surveillance cameras may be in use.

I am aware of the risks involved in the use of the facility and its equipment and that the use of the fitness room and its equipment could result in injury or harm to myself. I further understand that there will not always be a supervisor on duty during the hours that access is granted. I acknowledge and assume any such risk to my person or property connected in any way with the fitness center and its equipment. I hereby agree to release and hold Mansfield School District, the Board of Education, employees and agents of the Mansfield School, and any volunteer trainers or supervisors, harmless from any and all personal injury to myself or damage to or loss of my property in any way related to my use of the fitness center or its equipment.

I sign this Use and Release Agreement as my own voluntary act.

Date:	Family member:	Signature:	DOB:
Date:	Family member:	Signature:	DOB:
Date:	Family member:	Signature:	DOB:
Date:	Family member:	Signature:	DOB:
Phone:		Alternate Phone:	
Mailing Address:			
Email Address:			
Emergency Contact:		Phone:	

Date Keycard assigned:	Assigned by:
Keycard #	Need Replacement (fee \$20) <input type="checkbox"/>

Date of Adoption: July 23, 2024