



Department of Human Resources

FARMINGTON AREA SCHOOL DISTRICT EMPLOYEE FITNESS EQUIPMENT AND FACILITIES PARTICIPANT WAIVER

I, the undersigned, know that using the fitness equipment and facilities, such as cardio equipment, track, tennis/pickleball courts, weights, and all other equipment and/or facilities carries risk of personal injury. I know that there are natural and man-made obstacles or hazards, surface and environmental conditions, and risks which in combination with my actions can cause me severe or fatal injury.

I agree that as a voluntary participant, I must take an active role in understanding and accepting these risks, conditions, and hazards. I also agree that I, and not Independent School District #192 and/or its councils, staff, volunteers and sponsors, am responsible for my safety while I use the district fitness equipment and/or facilities.

I understand as a voluntary participant, use of the equipment and/or facilities for personal use or enjoyment is only allowed outside of my scheduled work hours. Since this is a voluntary program I understand use of the equipment and/or facilities is not subject to worker's compensation benefits if injured and there is no insurance coverage for this program.

I hereby release Independent School District #192, its sponsors, organizers, associated entities and any or all persons connected with the fitness equipment and/or facilities of all liability for any injuries or damages. By signing this form I acknowledge that I have reviewed the Procedures regarding Employee Use of Fitness Equipment and Facilities, and I am confident in my ability to safely use the equipment and/or facilities.

I have reviewed and agree to the procedures associated with use of the fitness equipment and/or facilities.

Print Name

Signature

Date

Return form to human resources prior to using the equipment and/or facilities.