



Facility Access Acknowledgment and Liability Waiver

Weight Room and Aquatic Center

Purpose and access notice. This form records authorization and acknowledgment for the facility or facilities checked below. Completing or signing this form does not grant access, replace registration or payment, or permit unsupervised use. Anyone whose access cannot be verified must stop using the facility and leave immediately when directed by GCIT staff.

Participant Name	Participant Date of Birth Date (DD/MM/YYYY)
Participant Phone	Participant Email
Participant Home Address	Participant Emergency Contact (Name/Number)
☐ FACILITY: Weight Room	☐ FACILITY: Aquatic Center
PARTICIPANT: ☐ GCIT Student ☐ GCIT Staff Member ☐ Gloucester County Government Employee ☐ Approved Renter / Team ☐ Community Member ☐ Other _____	PARTICIPANT: ☐ GCIT Student ☐ GCIT Staff Member ☐ Gloucester County Government Employee ☐ Approved Renter / Team ☐ Community Member ☐ Other _____
ACCESS: ☐ Physical Packet Registration ☐ Active Paid County Membership ☐ Approved Renter ☐ Other _____	ACCESS: ☐ Physical Packet Registration ☐ Active Paid County Membership ☐ Approved Renter ☐ Other _____

Required Acknowledgments

- ☐ **Access authorization.** I certify that the information above is accurate and understand that access is allowed only during approved hours and only while my membership, class, team, employment, rental, or program authorization remains active.
- ☐ **Rules and directions.** I will follow all posted rules and staff directions, required supervision and training, capacity limits, attire and equipment requirements, and all school and facility policies. I will not share credentials or admit unauthorized guests.
- ☐ **Risks.** I understand that exercise, weight training, swimming, diving, pool-deck activity, and related facility use can involve serious risks, including slips, falls, overexertion, collisions, dropped weights, equipment failure, illness, submersion, drowning, permanent injury, and death. I voluntarily assume the inherent risks of the activities I choose.
- ☐ **Health and emergencies.** I am responsible for deciding whether I am physically able to participate and for disclosing restrictions when required. I authorize reasonable emergency assistance and understand that I may be responsible for resulting medical expenses, subject to applicable law.
- ☐ **Release for adult participant.** If I am 18 or older, to the fullest extent permitted by New Jersey law, I release GCIT, the Gloucester County Vocational-Technical School District Board of Education, and their employees and agents from claims for injury, death, or property damage arising from ordinary negligence connected with my voluntary use of the checked facility. This does not release gross negligence, reckless or intentional conduct, or any claim that cannot legally be waived.

Facility Specific Commitments

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| ☐ WEIGHT ROOM: I will use equipment only as intended, follow spotter and supervision requirements, return equipment, and immediately report unsafe conditions. | ☐ AQUATIC CENTER: I will obey lifeguards, enter the water only when authorized supervision is present, use designated areas, and follow all swimming and diving restrictions. |
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Signature

Participant Signature	Date
Parent or Guardian Signature, if Participant is Under 18	Date

Minor participant notice. A parent or guardian signing for a minor gives permission and confirms that the minor and parent or guardian understand the rules and risks. The signature applies only to the extent permitted by law and does not waive rights that New Jersey law does not permit a parent or guardian to waive.

Staff Use Only

- ☐ **VERIFIED - Access approved through:** ☐ Membership ☐ Class or team ☐ Employment ☐ Rental or program ☐ Other
- ☐ **NOT VERIFIED - Person directed to:** ☐ Stop use immediately ☐ Leave facility ☐ Contact office ☐ Complete payment or registration

Staff Name and Signature: _____ **Date and Time:** _____ **Notes:** _____