

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK FOR  
USE OF THE DISTRICT'S FITNESS ROOM**

In consideration of the Cattaraugus-Little Valley Central School District ("the District") permitting me or \_\_\_\_\_ **[or name of child]** to use the District's fitness room located in the high school building, we/I hereby release the District, its employees, officers, directors, agents, representatives, coaches and volunteers from all claims and causes of action of any nature (including those based on negligence), arising from, or in any manner incident to such use of the District's fitness room, and agree that we/I will not initiate any legal action in any forum against the District, its employees, officers, directors, agents, representatives, coaches and volunteers in connection with such use of the District's fitness room.

We/I understand that the supervision of the fitness room provided by the District is general in nature and the fitness room supervisor is not responsible for supervising or monitoring the manner or intensity of my or \_\_\_\_\_ **[or name of child]** use of the equipment or participation in exercise activities.

We/I hereby acknowledge that my or \_\_\_\_\_ **[or name of child]** use of the District's fitness room involves risks of serious personal injury or death, including injuries to bones, muscles, tendons and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks), and any other personal injuries that may occur with strenuous physical activity.

We/I understand that by operation of this document, we/I agree to assume any and all risks and liabilities which arise during and/or are associated with my or \_\_\_\_\_ **[or child's name]** use of the District's fitness room.

We/I authorize the District and its employees, officers, directors, agents, representatives, coaches and volunteers to provide or authorize provision of any medical treatment for me or \_\_\_\_\_ **[or child's name]** that appears to be needed as a result of my or \_\_\_\_\_ **[or child's name]** use of the District's fitness room, and we/I hereby release the District, its employees, officers, directors, agents, representatives, coaches and volunteers from any and all liability (including liability based on negligence) resulting from the provision or authorization of such medical treatment.

By our/my signature(s) below, we/I acknowledge that we/I have read, understand and agree to all of the terms of this document. If user is under the age of 18, the user's parent or guardian must also sign this form as acknowledgment and acceptance of the terms and conditions set forth herein on behalf of the user.

\_\_\_\_\_  
**[Name of individual using fitness room]**      Signature      Date

\_\_\_\_\_  
**[Parent/guardian of individual using fitness room]**      Signature      Date

I agree to follow all of the District's rules relating to the use of the fitness room and understand that any violation of these rules may result in loss of privileges to use the fitness room.

\_\_\_\_\_  
**[Name of individual using fitness room]**      Signature      Date

# Cattaraugus-Little Valley Central School

## District Fitness Center

### Participant Information Form

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(# and Street)

\_\_\_\_\_  
(Village/Town) (State) (Zip)

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Emergency: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

Sex: Male or Female (circle one)

Are you: Student Faculty/Staff Community Member (circle one)

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(FOR FITNESS CENTER STAFF ONLY)

- Attended Orientation Program
- Release of Liability Form
- Participant Information Form