

Sycamore Community Unit School District 427

Fitness Room Agreement

Sycamore Middle School

User Name: _____

Date: _____

School/Department: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____

Waiver

IN CONSIDERATION FOR USE OF THE CENTER, I WAIVE AND RELEASE SYCAMORE COMMUNITY UNIT SCHOOL DISTRICT 427, ITS AGENTS, SERVANTS, EMPLOYEES, INSURERS, SUCCESSORS AND ASSIGNS (HEREAFTER SYCAMORE CUSD427) FROM ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES OR SUITES AT LAW AND EQUITY WHATSOEVER KIND, INCLUDING BUT NOT LIMITED TO CLAIMS FOR PERSONAL INJURY, PROPERTY DAMAGE, MEDICAL EXPENSES, LOSS OF SERVICES, ON ACCOUNT OF OR IN ANY WAY RELATED TO OR GROWING OUT OF MY PRESENCES IN THE SYCAMORE MIDDLE SCHOOL FITNESS ROOM OR USE OF THE FITNESS ROOM/EQUIPMENT.

I/User understand that if, for any reason I am or have been under medical supervision or if I have not exercised regularly in the recent past, that a doctor's approval should be obtained prior to my use of the Fitness Room's equipment. I understand and agree that it is my sole responsibility to obtain a doctors approval, and I hold Sycamore CUSD 427 harmless therefore.

I/User recognize that the Fitness Room is not a supervised and I use the facility entirely at my own risk.

I understand that this equipment is to be used by employees only. Family members and other non employees are not eligible to use this equipment.

_____ I/User have been trained on the Fitness Room Equipment by on _____ (date)

Or

_____ I/User waive the required training because I am familiar with the fitness equipment

Employee Signature

Date