

WARSAW COMMUNITY SCHOOLS, WARSAW COMMUNITY HIGH SCHOOL - USE OF SCHOOL FACILITIES AND EQUIPMENT / WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT

**WARNING**

**Under Indiana law, a school is not liable for an injury to, or the death of, a participant in physical fitness activities at this location if the death or injury results from the inherent risks of the physical fitness activity. Inherent risks of physical fitness activities include risks of injury inherent in exercise, the nature of a sport, the use of exercise equipment, or the use of a facility provided by a school. Inherent risks also include the potential that you may act in a negligent manner that may contribute to your injury or death, or that other participants may act in a manner that may result in injury or death to you.**

**You are assuming the risk of participating in this physical fitness activity.**

IN CONSIDERATION of being permitted to utilize facilities and equipment on the Warsaw Community Schools' property, I

1. ACKNOWLEDGE, agree, and represent that I understand that nature of Activities being performed, and that I am qualified, in good health, and in proper physical condition to participate in such activities. I further agree and warrant that if, at any time, I believe the conditions to be unsafe or if I am no longer in good health, I will immediately discontinue usage.
2. FULLY UNDERSTAND that (a) ACTIVITIES INVOLVING RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others in the facility, the conditions in which the Activities takes place, or THE NEGLIGENCE OF THE RELEASES NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.
3. HEREBY RELEASE, DISCHARGE, and COVENANT NOT TO SUE the sanctioning organization(s), Warsaw Community Schools, Warsaw Community High School, their administrators, directors, agents, officers, members, volunteers, and employees, other facility users, first-aid or medical personnel, sponsors, owners, and lessees of premises on which Fitness Center usage is conducted (each of the foregoing shall be considered one of the RELEASES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE THAT if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone else on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, and HOLD HARMLESS EACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as a result of such claim.

*I ACKNOWLEDGE THAT I AM 18 OR OLDER, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.*

PRINTED NAME OF EMPLOYEE OR NON-EMPLOYEE FACILITY USER: \_\_\_\_\_

USER'S SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

MINOR RELEASE: (MUST BE COMPLETED BY Parent/Guardian for any Fitness Center user under the age of 18)

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION FOR EXERCISE AND FIT TO USE ANY AND ALL EQUIPMENT ON SCHOOL PROPERTY.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (IF PARTICIPANT IS UNDER THE AGE OF 18 ): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

