WHITEHALL SCHOOL DISTRICT #4-47-2

WEIGHT ROOM & NON-SCHOOL ACTIVITY ON SCHOOL PROPERTY LIABILITY & NEGLIGENCE RELEASE FORM

It is the policy of the Whitehall School District to require a signed liability and negligence release form BEFORE allowing anyone to utilize the school weight room or participate in a non-school activity on school property.

In exchange for permission to use the weight room, or participate in a non-school activity on school property, I hereby grant the following release from Liability and Negligence. If this form is being filled out for a child anywhere it says my, me or I means the parent and the child. If both the parent and child will be using the school weight room, or participating in a non-school activity on school property, one of these forms needs to be completed for both the parent and the child.

I release, and hold harmless, the Whitehall School District, its officers, directors, employees, instructors, sponsors, agents, landlords or lessees from any and all liability for injury to my person or property caused in any manner, including the negligence of the Released Parties, by my participation in use of the school weight room or non-school activity on school property.

I acknowledge that it is my responsibility to discuss with my physician the appropriateness of using the school facilities in connection with any illness or condition that I now have, or have previously had, and that I knowingly execute this release from liability and negligence.

I understand that the school and the staff will do as much as reasonable to prevent accidents. However, I fully understand that some activities involve inherent risks to me regardless of all reasonable safety measures that may be taken by the district. In consideration of the district's agreement to allow me to participate I agree to accept responsibility for any loss or injury to me that occurs during my use of the facility.

In the event it becomes necessary for the district staff to obtain emergency care for me, I understand that neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

If applicant is under 18 years of age a parent/guardian must sign. Children ur use the weight room unless accompanied by their parent/guardian. Please do out as things are getting broken. You cannot work out and watch children!	
I hereby give permission to my child,school property. If my child has a medical condition which the school should participate the nature of the medical condition is:	, to participate in a non-school activity on l be aware of before allowing him/her to
Your Name (please print)	
Signature:	Date
Address:	
Phone Number:	

Return this completed form to Paula Johnston, Superintendent, at P.O. Box 1109, Whitehall, MT 59759 • (406) 287-3455