



# SARGENT CENTRAL PUBLIC SCHOOL

## OPEN GYM WAIVER

**Sargent Central Wellness Policy**

Sargent Central Public School will encourage the access to school spaces and facilities to students, staff and community members for physical and nutrition programs before, during and after the school day and by appointment during non-school hours. All requests need to go through the Administration and follow any existing facility use policies. School policy concerning safety will apply at all times. Adult supervision will be the discretion of the Administration.

**Clause**

In consideration of my being permitted to use the Activity Center for open gym purposes, I agree to the following waiver, release, assumption of risk and indemnification agreement.

By signing this agreement, I am giving up certain legal rights, including the right to recover damages in case of injury, death or property.

I acknowledge that recreational activities have inherent risks, hazards and dangers. I voluntarily assume the risks, hazards, and dangers inherent in the use of the Activity Center for open gym purposes. I understand that the Activity Center and its equipment are available to me at times without supervision or monitoring.

I release, discharge and waive any right I may have to sue the Sargent Central Public School District, its officers, employees or agents for any loss, liability, damage or cost whatsoever arising out of or related to any loss, damage or injury to my person or property.

I indemnify and will hold harmless Sargent Central Public School District, its officers, employees or agents from and against any loss, liability, damage or cost incurred as a result of my use of the Activity Center.

I have read the Sargent Central Wellness Policies, Open Gym Rules and agree to abide by the same and follow any additional instructions given or rules established by Sargent Central Public School, its officers, employees or agents for use of said Activity Center facility. I understand that if I fail to follow the rules, I may lose my open gym privileges.

I have carefully read, clearly understand and voluntarily sign this waiver, release, assumption of risk and indemnification agreement. It is valid from this date forward for each and every time I use the Activity Center for open gym purposes.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature and Date

**If under 18, Parent/Guardian Signature**

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian