

CLAIRTON CITY SCHOOL DISTRICT



WELLNESS CENTER/WEIGHT ROOM CHILD CARE RELEASE FORM

ALL PARENTS OR GUARDIANS OF ANY CHILD (UNDER 18) THAT WISHES TO PARTICIPATE IN ANY ACTIVITY MUST COMPLETE THE FOLLOWING CHILD PROGRAM RELEASE FORM BEFORE HIS/HER CHILD MAY BEGIN THE PROGRAM OR ACTIVITY.

(Please keep a copy of this form within each student's file for future reference)

Child's Name _____		
Male	Female	Age _____
Personal Information		
Parent Or Guardian: _____		
Address: _____		
Phone Number: HOME _____ WORK _____		
I give my child permission to participate in the Wellness Center and/or Weight Room Program Parents Signature: _____		
RELEASE / DISCLAIMER		
<p>I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY EXERCISE PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE WELLNESS CENTER AND/OR WEIGHT ROOM. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD THE CLAIRTON CITY SCHOOL DISTRICT, ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES OF SAID PROGRAM, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.</p> <p>I am fully aware and understand that the district does not have on or about its premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.</p> <p>In consideration of my child's participation in and the use of the district's facilities, I hereby release and covenant not to sue the district, its officers, agents, servants and employees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event connected with the Wellness Center or Weight Room.</p>		

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Parent/Guardian Name (print): _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____