**Logo

Description automatically generatedBraxton County Athletics**

**Athletic Director**

**Dan Wilson**

Braxton County Schools Athletic Cardio/Weight Room Policy

**INFORMED CONSENT, WAIVER OF CLAIM FORM AND ASSUMPTION OF RISK:**

I would like to use a Cardio/Weight Room at Braxton County Schools. I am aware that using exercise and weightlifting equipment can be a dangerous activity involving many RISKS OF INJURY. I understand that the dangers and risks of working out with exercise and weightlifting equipment include but are not limited to death serious bodily injury. Serious neck and spinal injuries may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and aspects of the muscular system. Serious injury or impairment to other aspects of my body, general health, and well-being may occur. I understand that the dangers and risks of participating in a workout with exercise and weightlifting equipment may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, engage in other business, social and recreational activities, and generally enjoy life. Because of the dangers of working out with exercise equipment and weightlifting equipment, I recognize the importance of following instructions regarding proper use of the equipment, appropriate training, and other rules, etc., and to agree to obey such instructions. In consideration of being presented this opportunity to use the facilities at Braxton County Schools and in acknowledging that I am aware of and willing to assume the risks associated with use of exercise and weightlifting equipment. I hereby assume the risk of using the facilities and voluntarily agree to waive, hold harmless and indemnify Braxton County Schools from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary use of the weightlifting equipment and facilities at Braxton County Schools. I understand the content of this document, and I execute this INFORMED CONSENT AND WAIVER OF CLAIM FORM of my own free will and accord.

(print) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(home) Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (home) Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletic Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_