

## Parental Acknowledgement of Risk (Weight Room Use)

Student ID: \_\_\_\_\_

My child who attends \_\_\_\_\_ High/Secondary School, wishes to participate in the use of the weight room facilities at \_\_\_\_\_ High/Secondary School (hereafter, the School), after school hours. I understand the school will allow this participation as long as my child and I agree to the following conditions:

- Use of the weight room and its equipment is completely voluntary;
- There is no academic consideration, nor monetary compensation, for student participation;
- All weight room rules, for this program, of the school will be followed (including no 'max lifting');
- Parents are responsible for transporting their child to and from the school;
- FCPS does not provide insurance coverage, of any kind, for students; and parents are responsible for, and must provide, accident/hospitalization/medical insurance for their child.

**WARNING:** Though safety is emphasized, participation in the weight room activities at the school will expose my child to risk of injury, and even death.

I give permission for my child to participate in all weight room activities of the school.

\_\_\_\_\_

Date Parent/Guardian Signature

\_\_\_\_\_

Student Printed Name Parent/Guardian Printed Name

**OR...**

I give permission for my child to participate in weight room activities at the school, except for

\_\_\_\_\_

(Write in any activities in which you do not wish for your child to participate.)

\_\_\_\_\_

Date Parent/Guardian Signature

\_\_\_\_\_

Student Printed Name Parent/Guardian Printed Name