

APTAKISIC-TRIPP SCHOOL DISTRICT 102  
FITNESS ROOM  
INFORMED CONSENT and WAIVER OF LIABILITY

**Staff and/or Students of Aptakistic-Tripp School District 102 may voluntarily participate in Aptakistic Junior High School physical activities that may be strenuous and have certain risks of injury when using the Fitness Room. Such potentially hazardous activities include using the fitness room equipment. By signing this form, which indicates that you and/or your child(ren) will participate in the listed activities, you will be waiving and releasing any and all claims for injuries that you and/or your child(ren) might sustain as a result of your participation in any and all activities in the Fitness Room.**

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I hereby represent that my child(ren), named below, OR I (staff member only) am/are in good physical condition and do not suffer from, and am/are not under the care of a physician for any condition that would prevent or limit their/my participation in the Fitness Room activities. I fully understand that my child(ren) OR myself may injure themselves/myself as a result of my voluntary participation in the physical activities offered in the Fitness Room. Further, I acknowledge that by participating in the Fitness Room, I (Staff Member only) OR on behalf of my minor child(ren), assume all risks associated with participation in any of its physical activities, including but not limited to injury, allergic reaction, illness, damage to person or property, loss, and/or death.

In consideration of allowing my child(ren) OR myself (Staff Member only) to participate in the Fitness Room, I, on behalf of myself, my child(ren) and my/our heirs, executors, agents and assigns, hereby waive, relinquish, release, and hold harmless Aptakistic-Tripp School District 102, its Board members, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns and successors, from and against any and all claims, charges, demands, suits, causes of actions, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys' fees by reason of any injury, allergic reaction, illness, damage to person or personal property, loss, death or other harm suffered by my child(ren) OR me arising out of, in connection with, or in any manner related to my/our participation in the Fitness Room.

**I have carefully read this Consent and Waiver of Liability and fully understand its contents. I am aware that by signing this document, I am waiving my right and/or the right of my child(ren), to the extent allowed by law, to sue Aptakistic-Tripp School District 102 and its Board members, officers, administrators, employees, agents, representatives, volunteers, insurers, assigns and successors. This Waiver of Liability is completed and signed of my own free will.**

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Print Parent or Participant Name

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Parent or Participant Signature

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Print Minor Child(ren)'s Names

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Date

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