

Turner Public School District #43
Weight Room
Registration Form

Participants Name: _____

Age: _____ Birth Date: ____/____/____ Sex: M F

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Participant's Signature: _____

Parent/Guardian Signature (if under 18): _____

Turner Public School District #43
Weight Room
Participation Release

I understand that participation in this recreational program, involves the risk of injury. I further understand that before participation in this program I should consult a physician for advice.

By signing this form, I acknowledge all risk of injury and death and affirm that I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of this program and to follow the reasonable instructions of the supervisors of the program.

Furthermore, in return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from Turner Public School District #43, its employees or its agents for bodily injury or death resulting from this program and to release those parties from any liability for damages resulting from my injuries or death. This waiver and release applies to injuries from all causes and includes all payments or legal remedies I might be entitled to except if my injury or death were to be caused by the negligence of Turner Public School District #43, its employees or its agents.

I UNDERSTAND THAT NO INSURANCE COVERAGE IS PROVIDED BY TURNER PUBLIC SCHOOL DISTRICT #43 AND I HAVE READ AND UNDERSTAND ALL OF THE PROVISIONS IN THE WEIGHT ROOM PARTICIPATION RELEASE.

Participant's Signature

Parent/Guardian Signature (if under 18)

Date

Date