## **Stockbridge Community Fitness Center Waiver Form**

Name:	Phone:	
Address:	Email:	
2024-2025		
Expectations: All individuals are expected to follow the fitness ceresult in suspension from the Stockbridge Communication of the school year.**	enter policies, procedures and etiquette guidelines nity Fitness Center.*Current waiver to be comp	at all times. Failure to do so will pleted annually prior to the
Key/Fob Receipt and Agreement Form  *Must have a signed Key/Fob Agreement on file in  *Only the individual listed on the Fob agreement of follow this guideline will result in forfeiture of the separate obtain fitness center door code verbally from	may use the fob. The fob is not to be given away fob.	or borrowed to anyone. Failure to
Policies, Procedures & Etiquette:		
*Please wear indoor shoes only.  *Use the tv/dvd player, sound system carefully.  *If you are unsure how to use equipment, use carefully.  *Individuals using the weight room must have a second secon	for its intended reason can be asked to leave.  I to its original location and disinfected using the provided the provided that it is not considered to the provided that it is not considered that it i	onally, individuals must use the public
Hours of Operation: *Fitness center access will be available any time of	outside of standard school hours (7:45-3:15 Monda	ay-Friday) <i>Summer hours may vary</i>
Liability Release: (All adults must sign) I understand there are a number of inherent risks agree to follow any and all safety standards, guid Center.	s associated with using the Stockbridge Community delines, and procedures established for using the S	y Fitness Center, and therefore tockbridge Community Fitness
death, however caused including negligence, from Community Fitness Center. To this end, I irrevocand all claims, demands, rights, damages, costs, whatsoever against the Stockhridge Public School	ast, present, or future loss or damage to property m or arising out of or in any way connected with metably and unconditionally waive on behalf of mysellosses, legal actions, causes of actions, attorney follo District, its officers, employees, volunteers, ager, that should occur from my using the Stockbridge	f, my heirs or legal guardian, any ees and expenses, of any nature ats and their heirs, executors and
Signature:	Date:	_
Received by:	Date:	_