

**South Spencer County School Corporation
Acknowledgement, Assumption of Risk, and Release — Use of Physical Fitness
Facilities (PO 7510.01)**

Date: _____

Participant name: _____ DOB: //____ (if under 18)

Address: _____ Phone: _____

Role: Community Participant Recreational User Other: _____

Facility / Activity: _____ Supervisor: _____

WARNING

UNDER INDIANA LAW, A SCHOOL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN PHYSICAL FITNESS ACTIVITIES AT THIS LOCATION IF THE DEATH OR INJURY RESULTS FROM THE INHERENT RISKS OF THE PHYSICAL FITNESS ACTIVITY. INHERENT RISKS OF PHYSICAL FITNESS ACTIVITIES INCLUDE RISKS OF INJURY INHERENT IN EXERCISE, THE NATURE OF A SPORT, THE USE OF EXERCISE EQUIPMENT, OR THE USE OF A FACILITY PROVIDED BY A SCHOOL. INHERENT RISKS ALSO INCLUDE THE POTENTIAL THAT YOU MAY ACT IN A NEGLIGENT MANNER THAT MAY CONTRIBUTE TO YOUR INJURY OR DEATH, OR THAT OTHER PARTICIPANTS MAY ACT IN A MANNER THAT MAY RESULT IN INJURY OR DEATH TO YOU.

YOU ARE ASSUMING THE RISK OF PARTICIPATING IN THIS PHYSICAL FITNESS ACTIVITY.

1. Acknowledgement

I have received and read the WARNING message above. I understand definitions, rules, and posted notices related to corporation physical fitness facilities.

2. Assumption of Risk

I acknowledge physical fitness activities and equipment carry inherent risks, including injury or death, and I voluntarily assume those risks except where caused by the District's or operator's gross negligence or willful misconduct.

3. User Duties and Compliance

I will follow posted rules and staff instructions: control my speed/course, use equipment carefully, heed warnings, and use the facility within my abilities.

4. Fees & Conditions

I understand use by community participants may require Board-established fees and compliance with Superintendent requirements.

5. Release

Except for claims arising from gross negligence or willful misconduct by the District or operator, I release the South Spencer County School Corporation, its Board, employees, agents, volunteers, and operators from claims arising from my use of facilities, including injury, death, or property damage.

6. Parent/Guardian (if under 18)

I consent to the minor's participation, have read the WARNING, and agree to the terms on the minor's behalf.

Parent/Guardian name: _____ Phone: _____

Signature: _____ Date: _____

7. Emergency Medical Authorization & Health Info

I authorize emergency care for me/my child and accept responsibility for costs.

Emergency contact: _____ Phone: _____

Health concerns/allergies/meds: _____

8. Duration & Revocation

This agreement remains effective during my participation unless revoked in writing; revocation does not affect prior incidents.

Signature of Participant: _____ Date: _____

Printed name: _____