

Application for Patron use of the Wellness Center located at Wood River Rural High School

(Complete and return to school front office)

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

LICENSE PLATE #: _____

For Office Use Only:

Sent Request Invite to DHHS Date _____

Approved — Denied Date _____

Picture Y N Date _____

Card Ordered Date _____

Card Picked Up Date _____

Paid- Cash Check Date _____

**RELEASE OF ALL CLAIMS FOR USE OF THE COMMUNITY
FITNESS CENTER OF WOOD RIVER RURAL SCHOOLS
(Complete & return to school front office)**

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

In consideration of permission granted to me by Wood River Rural Schools (the "School District") to use the School District's fitness center to use the district's strength machines and to engage in the use of cardiovascular training using the elliptical, treadmill and other cardiovascular equipment, I hereby release the School District, it's board of education, officers, agents and employees from all actions, causes of action, damages, claims or demands which I, my heirs, executors, and administrators, or assigns may have against the School District and other above-described parties, for all person injuries that I incur by using the fitness center and participating in weight lifting or fitness training at the School District whether such injuries are caused by my negligence or the negligence of the School District.

I understand the risks associated with lifting weights and exercise, and that those risks are serious. They include, but are not limited to, muscle strain, broken bones, back injury, head injury, heart attack or other injury that may be severe in nature and that could result in paralysis or death. I voluntarily assume all such risks.

I understand that the fitness center will be available to me only at designated times and that the School District may or may not supervise the fitness center at such times. I voluntarily assume all risks associated with the fact that the fitness center may not be supervised by the School District.

I agree to abide by all the rules that are not in force, or that may hereafter be adopted by the School District pertaining to my use of the fitness center and exercise equipment.

THIS DOCUMENT IS A RELEASE. READ IT CAREFULLY BEFORE SIGNING.

SIGNATURE

DATE