

**MULTI-PURPOSE BUILDING AND WEIGHT ROOM FACILITY
APPLICATION/WAIVER**

APPLICANT INFORMATION

***Western School Corporation Residents Only OR Parents/Guardians of Western School Corporation Students**

Name: _____ Birthdate: _____

Address: _____
(street) (city) (zip)

Home/Cell Phone: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Home Ph. _____ Cell Ph. _____

RELEASE AND INDEMNIFICATION

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.

By signing your name below as a participant in the Western School Corporation Multi-Purpose and Weight Room Facility, you acknowledge that participation in the facility exposes you to possible risk of personal injury, and that you release Western School Corporation and its officers, directors, employees, agents, independent contractors, and affiliates from any and all liability, from any and all property damage, personal injuries, or other claims that are known or unknown, foreseen and unforeseen, future or contingent.

You further agree you shall not now or any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against employees, agents, independent contractors, and affiliates, arising out of or relating to the actions, causes of action, claims and demands hereby waived, released or discharged by you.

You further agree to the 'Community Use' rules that are attached to this document.

By signing below, you acknowledge that you have read and fully understand this injury/responsibility waiver. This agreement shall be binding on you, your spouse, your children, legal representatives, heirs, successors, and assignees.

Signature

Date