

Cuba-Rushford CSD
Informed Consent and Assumption of Risk Agreement
Use of Facility - Walkers

Name: _____ Phone: _____

Address: _____

Emergency Contact: _____

Emergency Contact Phone: _____

As a condition of using the Cuba-Rushford Central School's facilities, I acknowledge that I have read this form, fully understand it and agree to its terms and conditions.

1. I hereby acknowledge that I am in good health, and have consulted and have been cleared by my physician to walk or perform physical exercise. I further understand that I will be solely responsible for monitoring the manner and intensity of my exercise, and will do so in a way which will not jeopardize my health, safety or physical well-being, or the health, safety or well-being of others in the building. In particular, I agree that I am solely responsible for complying with any restrictions identified by my physician when participating in any type of exercise or activities.
2. I understand that the supervision of the hallways provided by the school is general in nature and that school personnel is not responsible for supervising or monitoring the manner or intensity of my physical exercise or activities.
3. I hereby acknowledge that my use of the school's hallways for exercise or activities involves risks, including possible injuries to bones, muscles, tendons and ligaments, dehydration, abnormal blood pressure, fainting and heart disorders (including heart attacks). Based on the foregoing, I assume all risks associated with my use of the school's facilities.
4. I hereby release the Cuba-Rushford Central School, its Board, in both their corporate and individual capacities, its employees and supervisors for all claims (of any nature) relating to my use of the school's facilities, including, but not limited to, claims for personal injury or death and damage to or loss of personal items.

(User's Signature)

(Date)

PLEASE RETURN COMPLETED FORM TO THE BUILDING SECRETARY