MECHANICVILLE CSD ATHLETIC DEPARTMENT WEIGHT ROOM USE CONSENT/PERMISSION FORM

The Inherent Risk Consent Form should be read and signed by for students participating in weight lifting/conditioning on the Mechanicville City School District campus, certifying that they have read the document, understand its content, and agree to its terms before using the weight/fitness room and kept by Athletic Director.

This school strives to protect each student from possible injury while engaging in school activities. The rules and information provided below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of a training program. Each participant is expected to follow the directions/standards of the coach or supervisor and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Supervisors should ensure that all weight and fitness room rules are followed. The District has the right to revoke permission for this activity at any time, especially for violation of safety rules and school rules. Students or supervisors have no permission or authority to allow any other individual or groups the use of the equipment. Only students

weight training needs to be focused and serious. No norseplay at any time.		
© Wear proper lifting clothes (and use appropriate safety equipment)		
☐ Shoes MUST be worn at all times (NO sandais or open-toe shoes)		
Use only equipment you have been instructed or allowed to operate		
Do NOT slam the weights on the weight machines		
© Use partner/spotter at all times when using free weights.		
□ NEVER lift weights without supervisor present in the room		
Return all weights and equipment to their correct weight racks and/or weight trees		
□ Lift weights in accordance with instructions given by your supervisor		
	d, drink or gum in the weight room (water is OK)	
	ately report all accidents, injuries, hazards, and equipm	
Advise your supervisor if you are ill or have any prolonged symptoms of illness		
necessity		o abide by the list of rules and procedures. I also understand the ng in the weight training program. Because of the dangers of coaches' instructions.
	I have read the above warning and understand involving many RISKS OF INJURY, including but n	its terms. I understand that weight training is a HIGH-RISK of limited to those risks outlined above.
By Signing this document, I hereby release the Mechanicville City School District, 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 fitness/weight room, including, but not limited to, claims for personal injury or death and damage to or loss of personal items.		
Check all that apply for the authorized time of facility use:		
□ Check	box for AM use of facility (before school hours)	☐ Check box for PM use of facility (after school hours)

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Printed Name

Printed Name

Coach/Supervisor Name:_____

Date

Date

COACHES/SUPERVISORS - return forms to the Athletic Director

STUDENTS – return form to Coach/Supervisor

Signature of Participant

Signature of Parent

Rules and expectations include but are not limited to: