

## EMERGENCY WAIVER

*for*

**Program Participation, Instructor of District Wellness Classes, Facility Usage**

**Please check all activities in which you will be participating or leading:**

- Spin Class
- Gyms
- Walking Running/Track
- Cardio Area
- Weight Room

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*Participant/Instructor*

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*Address*

*City/State/Zip*

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*Phone (best number to be reached)*

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*Email Address*

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*Emergency Contact (name & phone number)*

**Knowledge of Risk, Release and Waiver of Liability**

***Please read carefully. This is a legal document that affects your legal rights.***

Prior to participating in or instructing any exercise program or activity, you should seek the advice of your physician or other qualified health professional. You agree that The School District of North Fond du Lac assumes no risk or liability for your participation/instruction in the activities and that you participate/instruct at your sole discretion and risk. In consideration of the permission to use the facilities, equipment, services, premises, products, instruction and advice provided at The School District of North Fond du Lac today and at any time in the future, I understand and agree to and freely, voluntarily and without duress execute the Release under all of the following:

**Assumption of Risk:** I understand that any physical activity carries with it an inherent risk of injury. Exercise classes may involve strenuous exertions of various muscles placing stress on the muscles, bones, and joints. Cardiovascular training may involve sustained physical activity placing stress on the heart, arteries, and blood pressure. Risk of injury may be minor such as soreness, sprains, strains, and bruises, or serious such as heart attack, stroke, paralysis, and death. I fully understand these risks and agree to assume all risk of injury or illness associated with exercise whatever the cause or injury.

**Waiver and Release of Liability:** I voluntarily and knowingly agree on behalf of myself, my spouse or partner, my heirs, personal representative, assigns, and anyone else claiming by or through me to release, waive, and forever discharge and hold harmless The School District of North Fond du Lac from all liability from any and all claims, demands, or lawsuits arising from the acts, failure to act, or conduct of any of them arising from their negligence, negligent training or supervision, breach of duty, or any other theory of legal liability whether in law or in equity for any physical or emotional injury or illness suffered by me arising from my participation and any damages to, loss of, or theft of my property.

**Indemnification and Hold Harmless:** I agree on behalf of myself, my spouse or partner, my heirs, personal representative, assigns, and anyone else claiming by or through me to indemnify and hold harmless The School District of North Fond du Lac and all others by voluntarily agreeing to pay all costs and attorney fees they incur. I understand that The School District of North Fond du Lac does not assume any responsibility to provide financial assistance or other assistance in the event of injury or illness.

**Medical Treatment:** I hereby release and forever discharge The School District of North Fond du Lac from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my use of the facilities, equipment, services, premises and products provided at the school District of North Fond du Lac. I understand that it is my duty to visit with a doctor or health care provider before beginning any exercise routine or class and that it is my responsibility to disclose any and all medical conditions or illnesses. Failure to do so does not create any cause of action against The School District of North Fond du Lac.

**I CERTIFY THAT I AM AT LEAST 18 YEARS OF AGE AND THAT I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS AND THAT I AM FREELY AND VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_