

CENTRAL VALLEY SCHOOL DISTRICT
111 FREDERICK ST.
ILION, NY 13357
(315) 894-9934

Assumption of Risk for Use of Facilities

Health issues and injury are an inherent aspect of daily life. I understand that through my use of the grounds, building spaces, gymnasium and/or track at either of Central Valley Academy, Gregory B. Jarvis Middle School, Barringer Road Elementary, or Harry M. Fisher Elementary, I am subject to the possibility of health-related problems, and also understand that by my participation, I am accepting this risk.

I wish to utilize the grounds, building spaces, gymnasium and/or track at the building listed below, to participate in various functions, meetings or exercises including but not limited to athletics for recreational purposes only. I understand that exercise, in any form, because it involves stress on the body, includes the risk of minor, serious, and even life threatening physical injury. I further understand that alternative forms of exercise (for example, stretching, running, aerobics, and weight training) entail different and specific kinds of risks. I am knowledgeable regarding the general risks inherent in physical activity, as well as the specific risks of any of the activities in which I plan to engage and equipment I intend to use at the grounds, building spaces, gymnasium and/or track.

I hereby represent that I have no physical, medical or other condition that would prevent my safe participation in the activities afforded at the grounds, building spaces, gymnasium or track at Central Valley Academy, Gregory B. Jarvis Middle School, Barringer Road Elementary, or Harry M. Fisher Elementary. By signing this form, I acknowledge that the School District has advised me to consult with my physician regarding the activities in which I plan to participate and the appropriateness of those activities for me. I have made all such consults and inquiries that I deem necessary and appropriate and declare that I am fit to participate in any activities for which I have requested use of the building. I will cease using the facilities and consult with medical professionals if any condition should develop that calls into question my well-being to use the facilities.

By my signature below, I voluntarily assume all of the risks involved in my use or the group use of facilities. I hereby voluntarily waive any and all claims against the Central Valley School District, its officers and members of the Board of Education for any injuries or damages resulting from the risks that I have assumed, and I covenant not to sue the school district, its officers and members of the Board of Education regarding such risks, injuries and damages.

Building

Primary Activity

Printed Name

Signature (signature of Parent or Guardian if minor)

Date