

2012
Lisbon Central School
Fitness Room Liability Form

PHYSICAL INJURY DISTRICT RELEASE FORM

Name: _____

By signing this release form, _____ (name) does hereby covenant and agree to release and hold harmless the Lisbon Central School District from and against all liability, loss, damages, claims or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation while using the Fitness Room at Lisbon Central.

I understand that my use and participation in the Fitness Room at Lisbon Central involves rigorous physical activity and risks of physical injury, and I _____ (name) assume these risks. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment. I further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in this event.

(Name of participant)

(Date)

Please return this form to the PE staff.
This form will be kept on file in the Physical Education Office.