

**CHARLO SCHOOL DISTRICT
WEIGHT ROOM & NON-SCHOOL
ACTIVITY ON SCHOOL PROPERTY**

LIABILITY RELEASE FORM

It is the policy of the Charlo School District to require a signed release form BEFORE allowing anyone to utilize the school weight room or participate in a non-school activity on school property. If this form is being filled out for a child, anywhere it says **my or me** means the parent and the child. If both the parent and child will be using the school weight room, or participating in a nonschool activity on school property, one of these forms needs to be completed for both the parent and the child.

I acknowledge that it is my responsibility to discuss with my physician the appropriateness of using the school facilities in connection with any illness or condition that I now have, or have previously had, and that I knowingly execute this release.

I understand that the school and the staff will do as much as reasonable to prevent accidents. However, I fully understand that some activities involve inherent risks to me regardless of all reasonable safety measures that may be taken by the district. In consideration of the district's agreement to allow me to use the weight room, or participate in a non-school activity on school property, I agree to protect, hold harmless, defend, and indemnify the Charlo School District from any loss, damage, or injury to my child or me that occurs during our participation mentioned above that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee or agent of the Charlo School District.

In the event it becomes necessary for the district staff to obtain emergency care for me or my child, I understand that neither he/she nor the school district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

If applicant is under 18 years of age a parent/guardian must sign. Children under 16 years of age are NOT allowed to use the weight room unless accompanied by their parent/guardian.

I hereby give permission to my child, _____, to participate in a non-school activity on school property. If I or my child has a medical condition which the school should be aware of before allowing him/her to participate, the nature of the medical condition is:

Your Name (please print) _____
Signature: _____ Date _____
Address: _____ Phone Number: _____

Return this completed form to Steve Love, Superintendent, at 404 1st Ave. West, P.O. Box 10, Charlo, MT 59824 • (406) 644-2206