



## ASSUMPTION OF RISK / PARENTAL PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in \_\_\_\_\_  
(Event)

on \_\_\_\_\_, I hereby acknowledge that I have read, understood and agreed to the following:  
(Dates/School Year)

I understand and accept that **weightlifting** and **open-gym activities** expose my son/daughter to numerous known and unanticipated risks which could result in personal injury, illness, death or damage to his/her property.

Some of the risks or factors creating risk include, but are not limited to, the following:

- Concussions
- Serious neck and spinal injuries potentially resulting in complete or partial paralysis
- Brain damage
- Serious injury to all bones, joints, ligaments, muscles and tendons
- Dislocations, strains, sprains and fractures
- Backcountry hazards including falling trees and branches, vegetation, and river or creek crossings
- Any and all dangers that could be associated with lifting weights, being around other persons, and competing in a physical sport

ASSERTIONS: I hereby acknowledge that I, as parent or legal guardian, understand that the dangers and risks of weightlifting and open-gym activities include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the body, general health, and well-being. I understand that the dangers and risks of weightlifting and open-gym activities may result not only in serious injury, but in a serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. I further understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

(Parent/Guardian initials) \_\_\_\_\_

I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, and I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. (Parent/Guardian initials) \_\_\_\_\_

CONSENT: I hereby give Monroe School District consent to allow the below-named student to participate in the above named weightlifting and open-gym activity (hereafter known as the "Activity"). (Parent/Guardian initials) \_\_\_\_\_

INSURANCE: I understand that the Monroe School District does not carry, and cannot provide, any insurance (medical, automotive, liability, or other) relative to the below-named student's participation in general, or participation in this particular Activity specifically. (Parent/Guardian initials) \_\_\_\_\_

I understand that the school district will make every reasonable effort to provide a safe event. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in this activity. (Parent/Guardian initials) \_\_\_\_\_



**ASSUMPTION OF RISK / PARENTAL PERMISSION TO PARTICIPATE (continued)**

MEDICAL COVERAGE: In the event it becomes necessary for the staff-in-charge of the Activity to obtain emergency care for my student, neither s/he, nor the Monroe School District assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital bills relating thereto, permanent or partial disability or death and damages to the minor's or my property, caused by or arising from participation in the Activity. (Parent/Guardian initials) \_\_\_\_\_

I agree to indemnify, defend and hold harmless the Monroe School District, its elected and appointed officials, employees, agents, staff and volunteers from any and all claims, liabilities, damages, expenses, or rights of action arising out of, or connected to personal injury, illness, death or property damage in connection with the activity including, but not limited to, events over which they exercise no control, such as actions of the host, other participants or other parties, or act of God, except for sole negligence of the district. (Parent/Guardian initials) \_\_\_\_\_

I have read and understand the above and I hereby give my permission for:

\_\_\_\_\_, who attends \_\_\_\_\_  
(Student's name) (School)

to participate on \_\_\_\_\_ for the purpose of \_\_\_\_\_  
(Date) (Event)

Student's address: \_\_\_\_\_

Student's home phone # \_\_\_\_\_ Date of birth: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical conditions, medication information or allergies district should be made aware of:  
\_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone #: \_\_\_\_\_

I authorize a qualified physician/surgeon to examine and in the event of injury or serious illness administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

|  |             |                   |                   |
|--|-------------|-------------------|-------------------|
| In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. |             |                   |                   |
| _____  | _____       | _____             | _____             |
| <b>Signature of parent/guardian</b>  | <b>Date</b> | <b>Work phone</b> | <b>Home phone</b> |