



TDCHRISTIAN FITNESS ROOM EXPECTATIONS

1. Use the fitness room when there is a teacher present in the gym. If there is no teacher present, make a vice principal aware AND have at least one other person present.
2. No food, drinks (besides water), or gum is allowed in the fitness room.
3. Lift with one to three other people. You are accountable for your partners and yourself.

Always have a spotter and when spotting always concentrate on the lifter.
4. Return weights and other equipment to their proper place when finished.
5. All equipment used must be wiped down with spray and a cloth after use.
6. Respect others as they are exercising.
7. Use strict form on all exercises. No bouncing or dropping of weights.
8. Inappropriate language will not be tolerated.
9. Music that is played using the speaker must be void of profanity and inappropriate content and played at a volume that does not impact activity in the main gym.
10. To be in the fitness room you need to be on the "Fitness Room List" and have turned in the "Parent/Guardian Acknowledgment of Risk and Release of Liability Form".
11. No sparring, boxing, wrestling or physical contact.
12. Clothing must stay on.

Student Name: _____

Signature: _____

Consent for Student Activity in TDChristian's Fitness Room by Parent/Guardian

We ask that the Parent/Guardian read and understand this waiver which is enacted beginning April 11, 2023 concerning students using the fitness room outside of classes.

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the undersigned child (the "student") with and for the benefit of TDChristian, its employees, volunteers, or lessees (the "school").

1. I am the Parent/Guardian of the member and am executing this waiver on behalf of the student in my capacity as Parent/Guardian and with the intent that this waiver is binding on myself and the student for all purposes.
2. I am aware that there are inherent and significant dangers, hazards, and risks ("Risks") associated with the participation in using the Fitness Room facility. I understand that the Risks are relative to the student's state of fitness or health (physical, mental, and emotional), and to the awareness, care and skill with which the student conducts him or herself while participating in the fitness room.
3. I freely accept and fully assume all responsibility for all Risks and possibilities of personal injury, and/or death from the student participation in the fitness room. I agree that although TDChristian has taken steps to reduce the risks and increase the safety of the fitness room, it is not possible for the school to make the fitness room completely safe.
4. I acknowledge the student's obligation to inform the nearest employee of the school if the student feels any pain, discomfort, fatigue, or any other symptoms the student may suffer during or immediately after his or her participation in the fitness room.
5. In addition to consideration given to the school for the student's participation in fitness room activities, I and my heirs, next of kin, executors, administrators and assigns, as well as the student's heirs, next of kin, executors, administrators, and assigns (collectively our "Legal Representatives") agree:
 - a. To waive all claims that I, the student, of our Legal Representatives have or may have in the future against the organization and
 - b. To release and forever discharge the school from all liability for all personal injury, death, property damage, or loss resulting from the student's participation in the fitness room due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the school.
6. I agree to be liable for and to hold harmless and indemnify the school from all actions, proceedings, claims, damages, cost demands including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the student's participation in the fitness room.
7. I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety and have agreed to the terms freely and voluntarily. I understand that this waiver is binding on myself, the student, and our Legal Representatives.

Consent given from parent/guardian:

☐

YES

☐

NO

Student Name: _____
(first name) (last name)

Parent/Guardian Name: _____
(first name) (last name)

Parent/Guardian Signature and Date: _____
(signature) (DD/MM/YY)