

CHARLO SCHOOL DISTRICT

Open Gym Liability Release Form

It is the policy of the Charlo School District to require a signed liability release before allowing anyone to participate in a non-school activity on school property.

I understand that the school and the staff will do what is reasonable to prevent accidents. However, I fully understand that some activities involve inherent risks to me regardless of reasonable safety measures that may be taken by the district. In consideration of the district's agreement to allow me to participate in open gym, I agree to accept responsibility for any loss or injury to me that occurs during my participation that is not the result of fraud, willful injury 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 in charge to obtain emergency care for me, neither he\she nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and\or unforeseen circumstances.

Name: _____ Date _____

(Please Print)

(Signature) _____

Address: _____

Phone Number: _____

Do you have a medical condition which the school should be aware of before allowing you to participate? Yes _____ No _____.

If yes, please state the nature of the medical condition.
