



DEPOSIT CSD FITNESS CENTER

Waiver & Release of Liability

I am aware and understand that competing or practicing any athletic activity can be dangerous and involve the risk of injury. I understand that the dangers and risk of competing and practicing in athletic activities include, but are not limited to, neck and spinal injuries which may result in complete or partial paralysis, brain damage, injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, injury or impairment of future abilities to earn a living, to engage in business, social and recreational activities, and generally to enjoy life. Participation in athletic activity also carries with it the risk of death.

I hereby assume all of the risks of participating in any athletic event or in any risk inherent in membership in the Deposit CSD Fitness Center. In consideration of my acceptance of my membership in the Center and my use of the Center's facilities, I hereby take action for myself, my executors, administrators, heirs, successors and assign as follows:

I waive, release and discharge, from any action or cause of action and any and all property damage, property theft, or actions of any kind which hereafter accrue to me, the Deposit Central School District, its board members, agents, and employees, arising out of or related to my membership or the use of facilities at the Deposit Fitness Center, except those actions or cause of actions which void in accordance with New York State General Obligations Law Section 5-326.

Participant's Name (please print)

Participant's Signature

Date:

I (we) are parents of the above-named minor participant at the Deposit Fitness Center. I (we) have read and are aware of the foregoing release signed by our child.

Parent's Name (please print)

Parent's Signature

Student's Name

Dated: