



**Edina Public Schools  
Wellness Program  
Use of District Athletic Facilities/Weight Room/Workout Equipment**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**Release and Waiver of Liability**

**Please read this document carefully. It is an important document with legal consequences.**

I wish to use the Edina Public Schools, Independent School District 273's ("district") athletic facilities, locker rooms, weight rooms, fitness classes, training rooms, and/or workout equipment ("facilities"). I recognize that these facilities are first and foremost to serve students and their district-sponsored activities.

In consideration of permission to use the facilities, I acknowledge and affirm the following:

1. Depending on the condition of my overall health, physical exercise, familiarity with the facilities and other conditions, the use of the facilities may have inherent risks to my person as associated with the use of the facilities. Even though I understand the use of the facilities has inherent risk, I fully assume all risks associated with the use of the facilities, including but not limited to negligence in design, maintenance, supervision, inadequate safety equipment, the negligence of other users, surface hazards, and damage to my person or property.
2. I recognize that I may be exercising alone, with no supervision. I further understand that the facility will not be monitored or supervised on a scheduled basis and will not be staffed by persons with medical training.
3. I assume all responsibilities associated with familiarity with the facilities.

4. I acknowledge that the facilities are provided as a courtesy to the district's employees. I will not provide access to the facilities to any non-registered person, whether a district employee or not. Nor will I provide access to family members, friends or any other person. I understand that my access to the facilities may be restricted or terminated at any time by the district.

5. I recognize that while using these facilities, I am not acting in my capacity as an employee, my participation is voluntary and for my own personal benefit, and not job-related. I specifically recognize that I will not be covered by the district's worker's compensation insurance during my usage of the facilities. Any exception to this paragraph is noted with specificity below and included on the date of my signature (e.g. physical education teacher who shows students how to use equipment as part of his/her employment): \_\_\_\_\_

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6. I, and my heirs, executors, administrators, legal representatives, assignees, and successors in interest, hereby hold harmless, knowingly and voluntarily waive any and all rights of cause of action of any kind, and indemnify the district from any and all claims of any nature whatsoever, arising from any incident while using the facilities, against the district, its school board, or its employees.

7. I agree for myself and my successors that the above representations, acknowledgements and releases are contractually binding, and that should I, or my successors in interest assert a claim in contravention of this agreement, the asserting party will be liable for any and all expenses (including legal fees) incurred by the other parties or party, in defending any such claim.

8. Every term and provision of this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, this finding will not affect the other terms and provisions, which will remain binding and enforceable.

By my signature below, I agree to each and every term of this release and waiver of liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Received by building administration, or designee, by: \_\_\_\_\_ (initials) \_\_\_\_\_ (date)

Received by human resources by: \_\_\_\_\_ (initials) \_\_\_\_\_ (date)

Key card access granted on: \_\_\_\_\_ (date)

Waiver will be kept on file with human resources.