

Falls City School District 57

Code: **KG-AR(3)**

Revised/Reviewed: 5/21/15

Weight Room Use Agreement

Please complete the following form according to your anticipated needs and return to the School District for approval 10 working days prior to the event.

The user (both individually, and collectively, if applicable) agrees to indemnify and hold the District harmless from all loss, liability, cost or damages that may occur or be claimed with respect to any person or property on, in, or about the used facilities or equipment resulting from any act or omission by the user, its group if applicable, and its agents, employees, or any other person using the facilities or equipment as a result of the user's use of the facilities or equipment. The user (both individually, and collectively, if applicable) agrees to indemnify and hold the District harmless from any and all claims for injury or property damage arising out of the use of the facilities or equipment by the user. User further agrees at all times to maintain the District's premises in a safe and careful manner, and properly secure all facilities pertinent to their use agreement.

Name of Responsible Person (print or type) _____

Address of responsible person _____

Telephone number of responsible person _____

Description of Activity _____

Personal Liability Policy Certificate provided to the district, \$100,000 minimum. Cert.# _____

Signature of responsible person

Date

Beginning Date Needed _____

Ending Date Needed July 1, every year

Time _____ to _____

(initial) _____ Weight room is closed 11:00 PM - 5:00 AM and while being used by school groups/classes.

(initial) _____ Adult (over 21) signing this form must be present at all times during Weight room use.

(initial) _____ I acknowledge that my keycard will record my usage and time of use.

(initial) _____ I will inform the district of any equipment breakage or malfunction.

(initial) _____ I will follow safety rules and procedures.

User Fee: \$50 per year, non-refundable, (fee may not be waived or pro-rated)

Security Card Issued - Card # _____

THE SCHOOL BOARD AND OR SUPERINTENDENT MAY REVIEW FACILITY USE AND IF PROBLEMS OR CONTROVERSIES ARISE FUTURE USE MAY BE DENIED.

Approval: Granted Denied

Signature _____

Weight Room Rules

ABSOLUTELY NO HORSE PLAY!

KEEP IT CLEAN, NO FOOD, GLASS BOTTLES ETC

MAKE SURE YOUR AREA IS CLEAR OF EQUIPMENT BEFORE LIFTING

MAKE SURE YOUR COLLARS ARE SNUG

MAKE EYE CONTACT WITH THOSE NEAR YOU BEFORE LIFTING

**PROTECT YOUR LOWER BACK:
HEAD UP, BUTTOCKS DOWN, SPREAD THE CHEST, LOCK IN LOWER BACK, USE A BELT**

NEVER INTERFERE WITH THE LIFTER

SPOT CAREFULLY!

CONCENTRATE ON THE LIFTER

RETURN WEIGHTS TO RACKS WHEN FINISHED

FOLLOW ALL POSTED SAFETY PROCEDURES

NAME: _____

DATE: _____