

USE OF GYMNASIUM
GUEST RELEASE FORM

Each person who intends to use the Knox County Career Center Gymnasium facilities must sign a Release Form and return it to Central Office before using the facilities.

RELEASE

In consideration of the permission given me by the Knox County Career Center Board of Education to use the gymnasium and locker rooms located at KCCC premises, Mount Vernon, Ohio for recreation, exercising and physical fitness, I hereby RELEASE AND FOREVER DISCHARGE the Knox County Career Center Board of Education, its past, present and future principals, agents, employees, representatives, successors and assigns from any and all claims, demands or causes of action, whether legal or equitable, which I have or may have against the Knox County Career Center Board of Education, its past, present and future principals, agents, employees, representatives, successors or assigns, arising from any act or omission committed by the Knox County Career Center Board of Education, its past, present and future principals, agents, employees, representatives, successors or assigns, negligent or otherwise, in connection with my use of the above-mentioned facilities and equipment, including, but not limited to, the maintenance of those facilities and equipment.

I hereby acknowledge that I am aware of the risk and hazards inherent in using the gymnasium, locker rooms, and the facilities located at the Knox County Career Center and do hereby voluntarily assume all risks of loss, damage or injury that may arise while using said equipment and facilities. Further, I acknowledge that I assume full responsibility for any minors that may accompany me in or on the Knox County Career Center facilities and property.

I also assume full responsibility for inspecting the gymnasium, locker rooms, and equipment prior to its use, and if I choose to use the equipment/facilities, I hereby acknowledge that said equipment is in proper working condition and hereby voluntarily assume all risks of loss, damage or injury that may be sustained while using said equipment.

I agree that this release is intended to be as broad and inclusive as permitted by the laws of the state of Ohio. I agree that, if any part of this Release is held to be invalid, the remainder of the Release shall continue in full force and effect.

I confirm that I have carefully read this Release, I understand the terms, and I knowingly and voluntarily accept the terms of this Release. This Release is effective upon my signing and shall continue in effect during any use of the Center's facilities as set forth herein.

Printed Name: _____

Signature: _____
(Of individual or Parent/Guardian if guest is under 18 years of age)

Date: _____

If a Guest, Guest of Staff Member: _____