

Timothy Christian School Athletic Department
TCS Weight Room: Informed Consent and Waiver of Claim Form

I would like to use the weight lifting facilities and equipment at the Timothy Christian School Weight Room. I am aware that using exercise and weight lifting equipment can be a dangerous activity involving many RISKS OF INJURY. I understand that the dangers and risks of working out with exercise and weight lifting equipment include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and aspects of the muscular system, and serious injury or impairment to other aspects of my body, general health, and well being. I understand that the dangers and risks of participating in a workout with exercise and weight lifting equipment may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, engage in other business, social and recreational activities, and generally enjoy life.

Because of the dangers of working out with exercise equipment and weight lifting equipment, I recognize the importance of following instructions regarding proper use of the equipment, appropriate training and other rules, etc., and to agree to obey such instructions.

In consideration of being presented this opportunity to use the weight lifting facilities and equipment at Timothy Christian School and in acknowledging that I am aware of and willing to assume the risks associated with use of exercise and weightlifting equipment, I hereby voluntarily agree to waive, hold harmless and indemnify Timothy Christian School from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary use of the weight lifting facilities and equipment at Timothy Christian School. I understand the content of this document, and I execute this INFORMED CONSENT AND WAIVER OF CLAIM FORM of my own free will and accord.

PARENT NAME (Print): _____

PARENT SIGNATURE: _____

DATE: _____

STUDENT NAME (Print): _____

STUDENT SIGNATURE: _____