

School District of Altoona

Waiver of Liability:

By my signature I acknowledge that the use of exercise and engaging in athletic activities are dangerous and hazardous activities involving risk of serious and permanent injury.

I AM VOLUNTARILY PARTICIPATING IN SUCH ACTIVITY WITH FULL KNOWLEDGE OF THE DANGER INVOLVED AND ACCEPT ALL RISK OF INJURY AND DISABILITY. IN CONSIDERATION FOR PARTICIPATION IN WELLNESS ACTIVITIES INCLUDING BUT NOT LIMITED TO USE OF THE WEIGHT ROOM, I, ON BEHALF OF MYSELF, MY HEIRS AND ESTATE, HEREBY FOREVER RELEASE AND IRREVOCABLY DISCHARGE THE SCHOOL DISTRICT OF ALTOONA, THEIR OFFICIALS, EMPLOYEES AND REPRESENTATIVES (COLLECTIVELY "THE SPONSORS") FROM ANY AND ALL ACTIONS, CLAIMS OR DEMANDS OF ANY NATURE WHATSOEVER WHETHER OR NOT MY INJURY OR DAMAGE RESULTED FROM MY OWN OR THE SCHOOL DISTRICT'S NEGLIGENCE OR THE ACT OF ANY THIRD PARTY.

I indemnify the Wellness Committee and School District of Altoona and agree to hold them free and harmless from any and all claims, including attorney fees arising from my participation and covenant not to sue the Sponsors. I have carefully read this release and fully understand its contents.

Participant Signature: _____

Date: _____