

Grass Lake Community Services

11500 Warrior Trail ● Grass Lake, Michigan 49240

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AGREEMENT TO PARTICIPATE

Risks of Injury

I am aware that participating in physically strenuous activities can be dangerous involving many risks of injury. These injuries could include the following injuries to me or others as a result of my participation:

1. Bruises and Cuts
2. Muscle tears, sprains and strains
3. Broken bones
4. Closed head injuries
5. Partial and full paralysis
6. Death
7. And other impairments to the body or mind

I acknowledge that the risk of injury will vary by the type of activities I do and my general physical condition. I understand that exceeding my physical limitations will increase risk of injury. I hereby declare myself to be physically sound and suffering no condition, impairment, disease, infirmity, or other illness, that would prevent my use of the school district's facilities. I acknowledge that I have been informed of the need for a physician's approval for using the school district's facilities. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consult with my physician about the following: type and degree of physical activity, and the use of exercise and training equipment.

Payment of Injury Expenses

I understand that the Grass Lake Community School District does NOT maintain premises accident medical insurance for injuries which may be associated with strenuous physical activities. It is my responsibility or my parent's responsibility to provide medical insurance or other financial means for paying for facility related injuries.

Agreement

1. I willingly agree to accept all responsibilities in case of accident or injury resulting from my use of the Grass Lake Community School District's facilities.
2. I also agree that the Grass Lake Community School District and anyone associated with it will not be held responsible for any loss, injury, or death except that which is caused by a Grass Lake Community School District's staff member or their authorized agent resulting for the staff's or authorized agent's gross negligence or intentional act.
3. I also agree that the Grass Lake Community School District and anyone associated with it will not be held responsible for any loss, injury, or death resulting from another user's action or failure to act related to the use of this facility.
4. I also know that it is my responsibility to know and obey the safety rules and direction of staff to ensure my own safety. Failure on my part to abide by the rules of the facility can jeopardize my eligibility to continue participating in the facility.
5. I certify that I am at least 18 years old unless otherwise noted below
6. My signature at the bottom of this form means that I have read, understand and agree to these terms of my using the facilities of Grass Lake Community Schools.

Participant Name (*printed*)

Participant Signature

Date

If participant is under 18 years of age, parent/guardian signature is required below attesting to have read, understood and agreed to the above terms.

Parent/Guardian Name (*printed*)

Participant/Guardian Signature

Date

PLEASE FILL OUT CONTACT INFORMATION ON BACK

Contact Information

Name of Participant: _____ Age: _____

Street Number and Name: _____

City: _____ Zip Code: _____

E-Mail Address: _____

Best Phone Number to Contact You: _____

Person to Call in the Event of an Emergency: _____

Emergency Phone Number: _____

If person at emergency phone number cannot be contacted, which health facility would you prefer to be taken to in the event it is necessary?
