

(Form A)

Member/User Acknowledgment and Release of Liability

As a condition to utilize the Manhattan Walking Track, you are required to complete a release of liability form. It is the policy of the School District to require an acknowledgement of risk and emergency medical treatment release as a condition of facility use. If you would like to use the facility, please carefully read and sign this document. Your use of facility is strictly voluntary.

Activities at the facility may include physical contact and physical exertion. There is an inherent risk of injury in the activities. By signing this agreement, I acknowledge that the School District staff attempts to prevent accidents. I, the undersigned, hereby acknowledge and understand that, regardless of all feasible safety measures that may be taken by the School District, participation in this event entails certain inherent risks. I certify that I am physically fit and medically able to use the facility. I further certify that I will honor all instructions of district staff and failure to honor instructions may result in suspension from use of the facility.

I agree to accept responsibility for my use of the facility. I hereby release and forever discharge the School District, its Board of Trustees, employees, agents and insurers from any and all claims, demands, rights and causes of action, liability, damages, and attorney fees, arising from any personal injury, property damage, or the consequences thereof, resulting from or in any way related to my use of the facility that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law or policy by an employee, or agent of the School District. I understand that I may secure personal insurance to cover my use of the facility.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to me. In the event it becomes necessary for the district staff in charge to obtain emergency care for me, I understand that neither the district employee in charge of the activity nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

This Acknowledgement is for the term of September 1, 2019 – June 15, 2020.

_____	_____	_____
Printed Name of Member/User	Signature of User	Date

Received by:

_____	_____
District staff	Date