



**PARENTAL AUTHORIZATION
AND
ACKNOWLEDGMENT OF RISK
(WEIGHT ROOM USE)**

My child, who attends _____ High School, wishes to participate in the use of the weight room facilities at _____ High/Secondary School (hereafter, the School), after school hours. I understand the School will allow this participation as long as my child and I agree to the following conditions:

- use of the weight room and its equipment is completely voluntary;
- there is no academic consideration, nor monetary compensation, for student participation;
- all weight room rules and the instructions of the facility supervisor will be followed at all times
- parents are responsible for transporting their own child to and from the high school;
- FCPS does not provide insurance coverage, of any kind, for students; and,
- parents are responsible for, and must provide, accident/hospitalization/medical insurance for their child.

WARNING: Though safety is highly emphasized, participation in the weight room activities at the School will expose my child to the risk of injury, and possibly even death. Students will be given a general orientation of the weight room and basic instructions on proper use of equipment but students who participate do so at their own risk.

I give my permission for my child to participate in all weight room activities of the School.

Date

Parent/Guardian Signature

Student Printed Name

Parent/Guardian Printed Name

OR...

I give my permission for my child to participate in weight room activities of the School, except for

_____.

(write-in any activities in which you do not wish your child to participate.)

Date

Parent/Guardian Signature

Student Printed Name

Parent/Guardian Printed Name

