



# MARION CENTER AREA SCHOOLS

## *Administration Offices*

P.O. Box 156 v 22800 Route 403 HWY N. v Marion Center, Pennsylvania 15759  
(724) 397-5551 v (724) 397-9144 FAX

### WAIVER AND RELEASE OF LIABILITY FOR MARION CENTER AREA SCHOOL DISTRICT

I, \_\_\_\_\_ (please print name), agree to release and indemnify MARION CENTER AREA SCHOOL DISTRICT and its his heirs, executors, administrators, agents, representatives, and successors, and assume full and complete responsibility, financial and otherwise, for any and all damages, injuries, liabilities, obligations, claims, litigations, expenses (including, but not limited to attorneys' fees and costs), judgments and proceedings whatsoever, whether for any injuries to any person including damages to personal-movable property, damages to realty or any injuries or damages suffered by any person whatsoever, which may at any time be imposed upon, incurred by or asserted or awarded against the MARION CENTER AREA SCHOOL DISTRICT arising out of or in connection with any activities or use of the MARION CENTER AREA SCHOOL DISTRICT fitness center and any other school district property located on the property of MARION CENTER AREA SCHOOL DISTRICT in Marion Center, Pennsylvania.

I am fully aware that I am assuming all associated risk and responsibility for my safety by engaging in use of the aforementioned facilities, which risk includes the knowledge that there is no guarantee as to the condition or quality of the premises or the equipment utilized therein. Thus, if any damages are sustained, including any injury or losses to my person or property, I will absolve and hold harmless the MARION CENTER AREA SCHOOL DISTRICT of all responsibility and liability for any such related injury or damage. I certify that I am in good physical condition and allow myself to use the fitness center at my own risk.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I HAVE SIGNED THIS FORM VOLUNTARILY.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant/Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent(s)