

**Garden Spot Fitness Center Contract/Waiver/EMP**  
**Updated 2016**

Last name \_\_\_\_\_  
Grade \_\_\_\_\_

**Fitness Center Hours:**

**HIGH SCHOOL STUDENTS**

**M – Tu – Wed – Th - Fri**

**3:00-5:00 pm**

**\*\*Late bus passes available for**

**MIDDLE SCHOOL STUDENTS**

**Tu – Th**

**3:00-5:00 pm**

**the 4:00pm bus. You must plan for  
Transportation after workout and must  
be picked up no later than 5:00 pm.**

*(7<sup>th</sup> graders may not use the facility until they successfully complete the weight training unit in PE class and earn certification. This unit is typically in the first quarter of the school year)*

**Fitness Center Policy Effective 8/30/12**

1. Student must have all necessary paperwork completed and submitted to the appropriate person.

The following must be turned into Mrs. Patty Montagna in the high school office FIRST

- **Mandatory Drug Testing Consent Form (if not already submitted for other sport/activity)**
- **\$30 Activity Fee (if not already submitted for other sport/activity)**

1. The following must be turned into to the Fitness Center Supervisor

- Receipt/OK from Mrs. Montagna
- Garden Spot Fitness Center Contract/Waiver/EMP (this paper)

**Do not plan on staying to use the fitness center until you have ALL of this paperwork completed and on file with the fitness center supervisor.**

2. The fitness center will be available to students currently in good standing within the school (**Students on denied privileges, ISS, OSS, and detention are not in good standing.**)
3. Students must enter and sign in as soon as they enter the building. Students are not permitted to sign in and leave the fitness center to wander around the school or hang out in the gym. **You must stay in the supervised area.**
4. Programs will be provided through the HPE department for students to follow if you are not interested in having the supervisor develop a program for you. If a student has his or her own program a Fitness Center Monitor MUST approve it. Student-athletes may follow a program that their coach has developed for them.
5. Students need to follow safety precautions as explained to them by the fitness center monitor. Continual unsafe practice (not using a spotter, not using collars, throwing weights, misusing or abusing equipment) will not be tolerated.
6. Students who are off task and/or behavior problems run the risk of suspension from the Fitness Center. Use of the Fitness Center is a privilege, not a right, so don't abuse your privilege.
7. No food or drink except WATER allowed in the fitness center.
8. **Middle school students** may use the fitness center starting second semester if a PE teacher will vouch for them and sign their contract. 7<sup>th</sup> grade students must have satisfactorily passed the weight-training assessment in physical education class. All middle school students must have approval from Mr. Martin (boys) or Mrs. Burke (girls) to use the fitness center after school.

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**MIDDLE SCHOOL ONLY**

Weight Training Assessment Completed Satisfactorily \_\_\_\_\_ (7<sup>th</sup> Grade ONLY)

Signature of Garden Spot Physical Education Teacher \_\_\_\_\_

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**MIDDLE SCHOOL AND HIGH SCHOOL**

I, \_\_\_\_\_ would like to use the Garden Spot fitness center. I understand that I must have an approved program from a: (check the one that applies.)

\_\_\_\_\_ Coach (\_\_\_\_\_)

\_\_\_\_\_ <sup>sport/coach</sup>  
Teacher/HPE department (\_\_\_\_\_)

\_\_\_\_\_ <sup>teacher</sup>  
Fitness Center monitor( \_\_\_\_\_)  
<sup>teacher</sup>

\*\* If you have your own program, you need to  
have it approved by the fitness center monitor \_\_\_\_\_

In addition, I must follow the procedures and policies outlined above. In addition, I must adhere to any additional expectations set forth by the Fitness Center monitor. I understand that if I do not follow those policies/procedures, I am subject to being suspended from the Fitness Center.

Student signature \_\_\_\_\_

\_\_\_\_\_ Date

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

\_\_\_\_\_ Date

### **Eastern Lancaster County School District/Garden Spot High School Fitness Center Release Form**

I, the undersigned participant in ELANCO's Student and/or Adult Education Fitness and Weight Training Program(s), realize that a fitness, strength and conditioning program consists of a group of vigorous physical activities that include, but are not limited to, lifting and controlling weights, which may be greater than my own body weight, using proper techniques, and working with a wide range of fitness equipment. I further understand that a fitness and strength and conditioning program involves certain inherent risks and that regardless of the precautions taken by the ELANCO School District, its employees, its agents, and the participants in the fitness and strength and conditioning program, some injuries may occur. These injuries might include but are not limited to:

1. Cuts and Abrasions    2. Broken Bones, Muscle Pulls, and Permanent Ligament Damage    3. Serious Head, Neck, or Back Injury
4. Permanent Paralysis/ Quadriplegia    5. Death

These injuries may result from:

Failure to follow proper and safe techniques, which the instructor has reviewed with me. Failure to follow all posted rules in the fitness center. Failure to follow all instructions of the instructor.

Adhering to the following safety rules may lessen the likelihood of such injuries:

1. Never be in the fitness center without the instructor.
2. Always return weights to the proper racks.
3. Never deviate from your prescribed written program.
4. Use spotters and collars when appropriate.
5. Report all injuries, no matter how minor, to the instructor.
6. Read and follow all rules and policies posted in the fitness center.

In order to properly protect my own safety and that of my fellow participants, I agree to follow these rules as well as any others given me by the instructor. Further, in recognition of the importance of shared responsibility for safety, I agree to immediately report any noted deviations from the safety rules as well as any observed hazardous conditions or equipment to the instructor. I have carefully read the forgoing document and have had the opportunity to ask questions and have them answered. I am confident that I fully know, understand, and appreciate the risks involved in participating in a fitness and strength and conditioning program, and am voluntarily asking permission to participate. I further certify that my present level of physical condition is consistent with active participation in this class. I will provide the instructor, in writing, a complete list of all of my health conditions that might affect my ability to participate.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of BOTH Parent(s)/Guardian(s)- If a MINOR

\_\_\_\_\_  
Date

### **WAIVER OF LIABILITY**

Additionally, I hereby release the ELANCO School District and its agents and its employees now, or in the future from legal claims and legal actions of any kind arising as a result of injuries sustained by me as a result of participation in the fitness center regardless of the cause of said injuries or actions taken or not taken by any employee or agent of the school district. I am freely agreeing to sign this release and it is legally binding on my heirs, executors, successors, my estate, and me.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of BOTH Parent(s)/Guardian(s)- If a MINOR

\_\_\_\_\_  
Date

### **EMERGENCY PROCEDURE FORM**

Student's Name: \_\_\_\_\_ grade \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

In case of emergency, illness or accident to the child named above the school is authorized to proceed as indicated below:

(Number each contact 1, 2, 3, etc. in order of desired action)

(    ) Contact Father (name & number) at: \_\_\_\_\_

(    ) Contact Mother (name & number) at: \_\_\_\_\_

(    ) Contact Family Physician (name & number): \_\_\_\_\_

(    ) Take child to emergency hospital (name): \_\_\_\_\_

(    ) Take child to any licensed physician \_\_\_\_\_

Person who might be contacted if neither parent can be reached (name & number): \_\_\_\_\_

Family Dentist (name & number): \_\_\_\_\_

List any allergies or medical conditions that should be noted: \_\_\_\_\_

In the event that I cannot be reached in an emergency I hereby give my permission to the attending physician to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child:

\_\_\_\_\_  
Signature of Parent/Guardian:

\_\_\_\_\_  
Date: