Heritage School
Summer Weight Equipment Usage
WAIVER & PERMISSION TO TREAT FORM
(PLEASE SIGN AND RETURN THIS PAGE TO THE ATHLETIC OFFICE)

I/we give permission for our student(s) to use the strengthening equipment in the weight room during the designated Summer Weight Equipment Usage days and times. I/we agree that our student(s) will abide by the rules and guidelines for using the weight equipment responsibly.

I also understand that by signing this form I am waiving responsibility of Heritage School and any of its full-time or part-time employees or coaches contracted by Heritage School in the event that my child is injured.

If my student(s) decides to use the weight training equipment during times other than the designated Summer Weight Equipment Usage days and times, I understand that Heritage School will not provide adult supervision and will not be responsible for my student(s)'s use or misuse of the equipment, and I will be personally responsible for any injury to my student(s) and/or damage to the weight training equipment.

By signing this form I also agree to allow my child to be treated by a physician if he or she is injured and I am not available to give verbal permission.

_____ _____
PRINT NAME (Student-Athlete) Grade

_____ _____
SIGNATURE (Student-Athlete) Date

_____ _____
Parent Name Date

_____ _____
Parent Signature Date

List additional student names and signatures below:

_____
PRINT STUDENT NAME STUDENT signature

_____
PRINT STUDENT NAME STUDENT signature

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