



ANDERSON WELLNESS ROOM WAIVER FORM

Use of the Anderson Wellness Room is contingent on signing this waiver form and understanding the following information/guidelines for its use.

The Anderson Wellness Room consists of sixteen cardiovascular machines including treadmills, stationary bikes, two recumbent bikes, and several elliptical machines. Our sports teams, health-related clubs and certain electives take advantage of this wonderful resource. Students receive safety training before being allowed to use the machines.

1. I understand that misuse of the exercise equipment in the Anderson Wellness Room can cause injury to me and/or others in the room.
2. I will comply with all guidelines of the Wellness Room.
3. I understand that by not complying with the guidelines of the Wellness Room, my access to the facility can be withheld.
4. I understand that I am responsible for learning how to use any equipment prior to its use.
5. I understand that there is limited space and I must sign up in order to use the Wellness Room.

Student Name _____ Class _____

Student Signature _____ Date _____

Emergency Contact Information

In the case of an emergency, we (parents/guardians) can be reached at:

Daytime Phone: _____

Evening Phone: _____

Cell /Other: _____

Additional contact:

Name: _____ Relation: _____

Phone: _____

Personal Medical Information

Known medical conditions: _____

Known allergies: _____

Current medications: _____

I, the parent/guardian of the student named above, hereby give my permission for my child to participate in use of the Anderson Wellness Room. I understand the waiver and guidelines for use of the facility. I accept full responsibility and release P.S 334, P.S. 334 PTA, Anderson Middle School and staff from any liability arising out of participation in the Anderson Wellness Room.

Parent Name _____

Parent Signature _____ Date _____

Please sign and return to your homeroom teacher on Thursday, September 5, 2019.