

Briarcliff Manor Union Free School District

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Briarcliff Manor, New York 10510
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**ASSUMPTION OF RISK
(FOR STAFF MEMBER)
For Use of the Briarcliff High School Fitness Center**

ACKNOWLEDGEMENT AND RELEASE

I, _____, desire to utilize the District fitness center (weight room) at the Briarcliff High School during the 2018-2019 school year.

I understand participation in the fitness center (weight room) involves rigorous physical activity and risks of physical injury. I acknowledge that I attended a meeting held on _____ where these risks were explained. I
(Date)
understand that the risks include a full range of injuries, from minor to severe, including death. Although protective equipment may be used, safety rules employed, and other efforts taken, there is no guarantee that I will not be injured. I agree to assume and accept these risks.

Staff Member

Teacher-Trainer

Date

Date