

OPEN GYM WAIVER & RELEASE

IMPORTANT INFORMATION/WARNING OF RISK:

Karns Middle School is committed to conducting its extracurricular programs and activities in a safe manner and holds the safety of participants in high regard. KMS and its faculty continually strive to reduce such risks and insist that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors must recognize and acknowledge that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK:

Please read this form carefully and be aware that in signing, you will be expressly assuming the risk and legal liability as well as waiving and releasing all claims for injuries, damages or loss which your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward may have (or accrue to my child/ward) as a result of participating in this program/activity against Knox County Schools and Karns Middle School, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge Knox County Schools and Karns Middle School from any and all claims for injuries, damages, or loss that my minor child/ward may have or which may accrue to my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

By signing below I consent that I have read and fully understand, and agree to the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Print child's name: _____

Print Parent/Guardian's name: _____

Parent/Guardian's Signature: _____ **Date:** _____

Parent/Guardian Phone Number: _____