



# Blackstone Valley Regional Vocational Technical High School

65 Pleasant Street  
Upton, MA 01568-1499

## Fitness Center Hours

Monday thru Thursday 2:30pm-5:00pm

All students and staff must have a Consent Form on File prior to using the facility

## STAFF FORM FOR FITNESS FACILITY

Blackstone Valley Regional Vocational Technical High School Staff Consent Release and Indemnity Agreement.

School Year: \_\_\_\_\_

I \_\_\_\_\_ do not know of any existing physical or mental condition that would preclude me from participation in the fitness facility.

I \_\_\_\_\_ agree to participate in Fitness Facility , do hereby consent to my participation in the Fitness Facility and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Blackstone Valley Regional School District, and its successors, governing body, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I now or hereafter and also all claims or right of action for damages which I have or hereafter may acquire, either before or after I have reached my majority resulting or to the result from my participation in the Blackstone Valley Regional School's Fitness Facility. FURTHERMORE, I hereby agree to protect the Blackstone Valley Regional School District and its successors, governing body, departments, officers, employees, servants and agents, against any claims for damages, compensation or otherwise of the part of said minor growing out of or resulting from injury to said minor in connection with my participation in the Blackstone Valley Regional School's Fitness Facility, and to INDEMNIFY, reimburse or make good to the Blackstone Valley Regional School District or its successors, governing body, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the Blackstone Valley Regional School District or its representatives may have to pay if any litigation arises from said minor's intentional, negligent or reckless acts or omissions while participating in said Fitness Facility.

I hereby authorize release to the Blackstone Valley Regional School District physical education and athletic department staff any medical information pertinent to participation in the program.

**PLEASE COMPLETE THE BACK SIDE OF THIS FORM**

---

Last Name	First Name	Middle Initial
-----------	------------	----------------

---

Home Address	Zip Code
--------------	----------

---

( )	/ /	
Phone Number	Date of Birth	

Male \_\_\_\_\_ Female \_\_\_\_\_

---

Signature(s) of Staff Member	Date
------------------------------	------

In Case of Emergency Call:

1. \_\_\_\_\_  
Name Telephone # Relation

2. \_\_\_\_\_  
Name Telephone # Relation