

Administration
Mary T. Kelly, Ed.D
Superintendent of Schools
Mr. Michael Miller
Principal
Ms. Jennifer Coggin
Assist Superintendent for
Finance & Operations
Mr. Michael Cox
Assistant Principal
Mr. Richard J. Burns
Interim Director of PPS

Bridgehampton Union Free School District



Accredited by the Middle States Association/Council on Elementary and Secondary Education

Board of Education
Mr. Ronald White,
President
Mrs. Jennifer Vinski.
Vice President
Mrs. Angela Chmielewski
Mrs. Jo Ann Comfort
Mrs. Carla Lillie
Mrs. Kathleen McClelland
Mr. Markanthony Verzosa

BRIDGEHAMPTON UFSD RELEASE AND WAIVER OF LIABILITY FORM FITNESS CENTER

1) GENERAL RELEASE

I _____ do hereby agree to release and hold harmless the Bridgehampton Union Free School District, its officers, board members, employees, volunteers, agents, independent contractors, and/or others acting on its behalf (collectively, the "District") from and against any and all ANY AND ALL CLAIMS AND CAUSES OF ACTION OF ANY NATURE, INCLUDING NEGLIGENCE (including costs and attorney's fees) for any and all personal and/or bodily injury or illness, including death, and/or property damage which may occur or which may be aggravated during or by any activity I participate in at the Bridgehampton School Fitness Center ("Fitness Center"), to the fullest extent permitted by law. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of New York and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. I agree that this Release is effective immediately.

2) ASSUMPTION OF RISK:

I expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my participation in and use of the Fitness Center. I understand participation in the Fitness Center involves rigorous physical activity and risks of physical injury, and I assume these risks. I understand that the activity should be engaged in only by persons in good health. I understand that I should consult a physician before engaging in any physical activity. I further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in this event.

Once you sign, you are saying that you understand the risks involved and accept all of the risks.

P.O. Box 3021, 2685 Montauk Highway, Bridgehampton, NY 11932
Telephone: (631) 537-0271 www.bridgehamptonschool.com Facsimile: (631) 537-9038

It is the mission of the Bridgehampton School to inspire lifelong intellectual curiosity and respectful individual expression by reaching beyond our school community and teaching all students the essential skills to actively participate in the global community and to flourish in the 21st Century.

3) NO LIABILITY FOR LOST OR STOLEN ITEMS:

I understand and agree that the District is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

4) FITNESS CENTER BEHAVIOR

I agree to comply with all rules imposed by the District regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

5) CONSENT TO MEDICAL TRANSPORT AND TREATMENT

I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO USE THE FITNESS CENTER KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIAN AS EVIDENCED BY THEIR SIGNATURES BELOW.

I ACCEPT:

Print Name

If signed on behalf of minor, Print Minor's name

Participant/Guardian Signature

Date