



**PARENTAL AUTHORIZATION
AND
ACKNOWLEDGMENT OF RISK
(PROGRAM FOR MIDDLE SCHOOL WEIGHT ROOM USE
IN HIGH/SECONDARY SCHOOLS)**

My child, who attends _____ Middle School, wishes to participate in the use of the weight room facilities at _____ High/Secondary School (hereafter, the School). I understand the School will allow this participation as long as my child and I agree to the following conditions:

- use of the weight room and its equipment is completely voluntary;
- there is no academic consideration, nor monetary compensation, for student participation;
- all weight room rules of the School will be followed (including no 'max lifting');
- parents are responsible for the transportation of their child to and from the high school;
- FCPS does not provide insurance coverage, of any kind, for students; and,
- parents must provide proof of accident/hospitalization/medical insurance for their child.

WARNING: Though safety is highly emphasized, participation in the weight room activities at the School will expose my child to the risk of injury, and even death.

I give my permission for my child to participate in all weight room activities of the School.

Date

Parent/Guardian Signature

Student Printed Name

Parent/Guardian Printed Name

OR...

I give my permission for my child to participate in weight room activities of the School, except for

_____.

(write-in any activities in which you do not wish your child to participate.)

Date

Parent/Guardian Signature

Student Printed Name

Parent/Guardian Printed Name