

Policy 4330F Clinton Schools Gymnasium Community Use Agreement

Clinton School District believes in the promotion of a healthy lifestyle for our students and community. To support that belief, the School District allows non-students access to the gymnasium. Access to the gymnasium can on take place outside of school hours, when a school activity is not taking place

This agreement must be strictly adhered to by the patron or access will be immediately suspended and the access fee will be forfeited. The following conditions and District Policies 4301, 4315, 4332, and 4330P must be adhered to at all times by the patron:

1. No tobacco, alcohol, marijuana, or other illegal substance is allowed in the gymnasium.
2. Proper attire, including closed-toed shoes should be worn at all times.
3. No one under the age of 18 is allowed in the gymnasium without adult supervision.
4. Access to the gymnasium is for an individual. Access cannot be used by anyone other than the signers of this agreement. Use or access by unauthorized persons will result in permanent loss of facility use.
5. All equipment must be returned to its proper place after use.
6. Any problems with equipment needs to be reported immediately to the school office.

As a condition to use the facility, you are required to complete the enclosed form. It is the policy of the School District to require an acknowledgement of risk and emergency medical treatment release as a condition of participating in this activity. If you would like to use the facility, please carefully read and sign this document.

I agree to and will follow the Gymnasium Community Use Agreement.

Use of the facility requires physical activity and exertion. There is an inherent risk of injury in this type of activity. By signing this agreement, I acknowledge that the school district will maintain the facility. I, the undersigned, further acknowledge and understand that, regardless of all feasible safety measures that may be taken by the district, physical activity and exertion entails certain inherent risks. I certify that my I am physically fit and medically able to use the facility. I further certify that I understand that the school district does not provide supervision for my use of the facility and that there may not be a supervisor present during my use of the facility.

I agree to accept responsibility for my use of the facility. I acknowledge there are no assurances these measures taken by the School District to prevent injuries or prevent the spread of illnesses at this event or

at this facility. These inherent risks that attendees specifically acknowledge include but are not limited to injury; illness; hospitalization, chronic health issues, quarantines of an unknown duration to be determined by governing authorities and death. By voluntarily entering this event or facility, I am specifically acknowledging awareness and knowledge of these inherent risks. All School District Policies are in effect when accessing this facility. Any negligence arising out of my access to this facility shall be attributed to you as comparative negligence within the meaning of Section 27-1-702, MCA.

I, the undersigned, authorize qualified emergency medical professionals to examine and, in the event of injury or illness, administer emergency care to me if required under the circumstances based on, and in accordance with, their medical training. I understand every effort will be made to contact family or contact person noted below to explain the nature of the problem prior to any treatment. I understand emergencies may require immediate treatment in the opinion of medical professionals. In the event it becomes necessary for the district staff in charge to obtain emergency care for me, I understand that neither the district employee in charge of the activity nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

Printed Name: _____

Address: _____

Phone Number: _____

Emergency contact information (if different than the above-listed phone number): _____

Participant Signature: _____

Date: _____

District Designee Signature: _____