



# SCHOOL BOARD OF POLK COUNTY

P.O. BOX 391  
BARTOW, FLORIDA 33831

(863) 534-0500

1915 SOUTH FLORAL AVENUE  
BARTOW, FLORIDA 33830

## Board Members

BOARD CHAIR  
KAY FIELDS  
DISTRICT 5

FRANK J. O'REILLY  
DISTRICT 1

LORI CUNNINGHAM  
DISTRICT 2

HAZEL SELLERS  
DISTRICT 3

DICK MULLENAX  
DISTRICT 4

DEBRA S. WRIGHT  
DISTRICT 6

TIM HARRIS  
DISTRICT 7

C. WESLEY BRIDGES, II  
General Counsel

## Administration

SHERRIE B. NICKELL, Ed.D.  
Superintendent



*Polk County Schools -  
an equal opportunity  
institution for education  
and employment*

## PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK - READ BEFORE SIGNING -

In consideration of being allowed to participate in any way in the Polk County School Board's Fitness Centers and Exercise Programs, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/ or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE POLK COUNTY SCHOOL BOARD, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the Exercise Program ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### REGISTRATION FORM

Name: \_\_\_\_\_ Sap# \_\_\_\_\_ Email: \_\_\_\_\_

Worksite: \_\_\_\_\_

**Attend any and all classes for \$40!**

Circle PRIMARY Fitness Location: Alta Vista El Bartow Brigham Cleveland Court El Ben Hill  
Griffin El Dixieland El Dundee El Kingsford Lake Gibson Mid Lake Region Sr Lawton Chiles  
McLaughlin Pinewood Wendell Watson

Please remit with check or money order in the amount of \$40 payable to: **POLK COUNTY SCHOOL BOARD**  
Courier to Jan Calder, Wellness Program, Woodlake Center, Route D

*The Mission of Polk County Public Schools is to ensure rigorous, relevant learning experiences  
that result in high achievement for our students.*