

**Alfred-Almond CSD
Hold Harmless Agreement
For Facility Use by District Residents**

_____ (insert name of participant) does hereby covenant and agree to release and hold harmless the Alfred-Almond Central School District from and against any and all liability, loss, damages, claims or actions (including costs and attorneys' fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the use of District athletic facilities.

I understand the use of the District athletic facilities may involve rigorous physical activity and risks of physical injury, and I assume these risks. 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 further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in this activity.

Use of this facility requires superintendent authorization and cannot at any time impede District or student centered utilization of the facility.

Participant Signature

Date

Superintendent's Signature

Date

Approved: _____

\$20.00 Utilization Fee Paid

Denied: _____

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

*Replacement cost for a lost I.D. is \$10.00. Please note this is in addition to the yearly fee.

**The yearly fee to be a fitness center member is \$20.00. The year begins on July 1st and end on June 30th of the following year. There is no pro-ration.

***Please make checks payable to Alfred-Almond Athletics Council. Thank you.