## MEAD PUBLIC SCHOOLS

## WEIGHT ROOM MEMBERSHIP AGREEMENT

114 No Vine Street - Mead, NE 68041

Name:    Address:	s". Student mem- ttending as a 9th out, who are estated to school. ership at an annual district and observes I Public Schools and entire and observes I public schools and observes I public schools and observes I public schools and observes I
MEMBERSHIP INFORMATION  A. All current staff and individuals serving on the Board of Education are considered "adult members".  B. All students currently enrolled and attending Mead High School in grades 9-12 are considered "student members bership begins on the day following promotion from the 8th grade when the student is registered and plans on at grade student and ends on August 31 of the year they graduate from Mead High School. Students who transfer c under suspension or expulsion or who drop out of school forfeit membership until such time as they may be rein:  C. District residents who are 18 years or older, alumni, or parents of current Mead students may purchase a member fee of \$60.00 due September 1st. Resident memberships remain active as long as the person is a resident of the commembership requirements. Parent memberships remain active as long as the parent has children attending Mead observes membership requirements. Alumni memberships remain active as long as the individual observes mem D. Members will be issued a "key fob" to access the weight room. The initial fob will be issued at no charge. Repl will be provided at a cost of \$10.00.  MEMBERSHIP PRIVILEGES AND REQUIREMENTS  1. All members are expected to adhere to the weight training safety procedures published and available in the weig 2. Any time a school class or school activity sponsored by a coach or teacher wishes to use the weight room, all off expected to leave or allow the school group to have access to the equipment they need if so requested to do so by The weight room is reserved for school activities M-F 7:30 am—5:00 pm on school days.  3. Student members shall be expected to pass a test concerning the weight training safety procedures prior to issuar key fob.  4. Student members must be accompanied by another adult member or another student member. Student members weight room by themselves.	s". Student mem- ttending as a 9th out, who are estated to school. ership at an annual district and observes I Public Schools and entire and observes I public schools and observes I public schools and observes I public schools and observes I
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all times. No children are to be allowed to play on or near weight equipment.  7. All members must wear appropriate shoes and workout attire at all times. Basic hygiene procedures (wiping down be followed.  8. Damage to the building or equipment is to be reported to the school district office immediately. Each member is conduct of and/or damage to the building caused by the member or anyone the member allowed to enter the facility.  9. Upon leaving the facility, the last member is expected to rack all weights, pick up trash and secure the facility.  10. Lost or stolen fobs are to be reported to the high school office at 402.624.3435.  11. Failure to follow the above rules will result in loss of weight room privileges for a period as determined by the second of t	ny the coach or teachers, and the coach or teachers and may not use the of members and may of the adult member with benches, etc.) must responsible for the illity.
LIABILITY WAIVER	
As a part of the consideration for Mead Public Schools granting me the privilege of Weight Room membership I here consent and agree not to sue and agree to release, discharge, hold harmless, and indemnify Mead Public Schools its e School Board members from and against any and all liability for any claims, damages, injuries, thefts, actions or cause ever for any acts and /or omissions, whether or not constituting negligence on Mead Public Schools part. I understan activity engaged in in the weight room entails certain inherent risks of bodily injury and/or death, and hereby acknow understand my personal responsibility for knowing my own (and my guests) physical condition and ability to particip ties. I further acknowledge and understand that I am personally responsible for and voluntarily assume the risks of in age to person or personal property from such activities.  By signing below, I acknowledge that I have read, understand and agree to all membership privileges and required waiver of liability.:	employees and uses of action whatson and that any physical wledge that I fully pate in such activi- njury, death or dam-
Signature  Date	

Key Card Number: