



**PARENTAL AUTHORIZATION  
AND  
ACKNOWLEDGMENT OF RISK  
(WEIGHT ROOM USE )**

My child, who attends \_\_\_\_\_ High School, wishes to participate in the use of the weight room facilities at \_\_\_\_\_ High/Secondary School (hereafter, the School), after school hours. 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, for this Program, of the School will be followed (including no 'max lifting');
- parents are responsible for transporting their own child to and from the high school;
- FCPS does not provide insurance coverage, of any kind, for students; and,
- parents are responsible for, and must provide, 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