

# Holgate Local Schools



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## HOLGATE LOCAL SCHOOL COMMUNITY FIELD HOUSE/ SURROUNDING GROUNDS APPLICATION

NAME (PRINT) : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER:(\_\_\_\_)\_\_\_\_\_

REASON(S) FOR FIELD HOUSE USAGE (check all that apply):

WEIGHT LIFTING/EXERCISE

COMMUNITY COACH OR VOLUNTEER

BOOSTER OFFICER

OTHER: \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, \_\_\_\_\_, acknowledge that I have voluntarily applied to engage in weight training exercises and/or aerobic exercise at Holgate Local Schools.

I am aware that these activities are hazardous activities and could lead to serious injury or possible death. I am voluntarily engaging in these activities with knowledge of the danger involved, and agree to assume any and all risks of bodily injury, death or property damage, whether those risks are known or unknown. I represent and warrant to Holgate Local Schools that I am in good physical health and able to engage in such physical activities.

I forever release Holgate Local Schools, their respective trustees, officers, employees, volunteers, agents, contractors, and representatives from any and all actions, claims, or demands that I, my heirs, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to or arising from: (i) my participation in these activities, (ii) negligent acts of myself or others, whether directly connected to these activities or not, and (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I understand that if my key fob is lost, damaged or stolen, there will be a \$50 replacement fee. I am aware that violation of any rules could result in the loss of privileges and entry deactivation.

### Agreement:

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Holgate Local Schools, and sign it of my own free will.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED (WITNESSED) BY: \_\_\_\_\_ DATE: \_\_\_\_\_