



Sodus Central School District
 P.O. Box 220
 Sodus, New York 14551-0220
 www.soduscsd.org



“Learning, Advancing, Proud, Spartans!”

District Office

(315) 483-4755 - fax

Nelson Kise
 Superintendent
 (315) 483-5201 - phone

Heather Uetz, Ed.D
 Assistant Superintendent
 for Curriculum &
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 (315) 483-5234 - phone

Steven K. Moore
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Joseph Keeney
 Director of Student
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 (315) 483-5248 - fax

Jr./Sr High School
 (315) 483-6168 - fax

Arkee Allen
 Principal
 (315) 483-5280 - phone

Scott Hassall
 Assistant Principal
 (315) 483-5261 - phone

Intermediate School
 (315) 483-5291 - fax

Gene Hoskins
 Principal
 (315) 483-5242 - phone

Elementary School
 (315) 483-5292 - fax

Michael Sereno
 Principal
 (315) 483-5282 - phone

Transportation Office
 (315) 483-5290 - fax

Robert Galloway
 Transportation Supervisor
 (315) 483-5273

Fitness Center General Rules/Waiver and Release Form

The Sodus Central School’s Fitness Centers are an excellent facility provided for the health and wellness benefit of faculty, staff, students, administration, and community members. We ask that all participants using the Centers follow the safety guidelines and procedures below to maintain the equipment and to assure cleanliness of the facility.

A. General Rules for Fitness Center Use

Participants are asked to adhere to the following guidelines:

1. Participants must report all injuries to either 911 or the Main Office immediately.
2. You must be trained on how to use the fitness equipment by a **certified school employee**.
3. You must not work out alone in the fitness center. There must be at least two people in the fitness center in case of a serious injury.
4. Consult your physician prior to undertaking exercise in the Center.
5. Use a spotter when lifting heavy weights; do not drop or throw weights.
6. To assure that all participants are able to use the machines, please limit use of cardio machines to 30 minutes when others are waiting.
7. Plastic water bottles are allowed. All other drinks, food, and glass containers are not allowed.
8. Proper attire is required at all times: Shirts and athletic shoes must be worn. No sandals, open toe shoes, or bare feet. Keep hands and loose clothes away from weight stacks, cables, and/or pulleys.
9. Please show respect for the equipment, facility, and other members using the center.
10. No horseplay or loud offensive language will be tolerated.
11. Do not move or rearrange the equipment and/or exercise machines, unless otherwise permitted.
12. Please wipe off equipment after use with the sanitizer(s) that is provided. Pick up trash, towels, and personal belongings before leaving. Try to leave the center in better condition than when you arrived.
13. The use of photographic equipment to take pictures of any person in the fitness center is prohibited without consent.

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B. Waiver and Release (Must be completed and on file **PRIOR to using the Sodus Fitness Center)**

I, the undersigned, have read and understand the General Rules for Sodus Fitness Center Use. I acknowledge a full understanding of the inherent dangers and risks associated with the use of this facility and/or any fitness/wellness activity occurring therein.

I acknowledge that participation in this facility is strictly voluntary and has not been requested or required by Sodus Central School.

I acknowledge it is recommended that I seek approval from my physician before implementing an exercise regimen, as there may be significant health risks associated with exercising. I also understand that injury or death may result if equipment is not used properly.

I understand that in the event of accident or injury, personal judgment may be required by Sodus Central employees, agents, representatives, or volunteers regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that Sodus Central personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired.

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any fitness/wellness facility activity. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, or I have decided to participate in these activities without the approval of my physician.

I understand that the activities, facilities, programs, and services offered by Sodus Central School may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of some Sodus employees, agents, representatives, or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed to provide such professional services.

In consideration for being permitted to participate in this program, and because I assume all risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a results of my participation or arising out of my participation in the Fitness Center or any fitness/wellness activity occurring therein.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Sodus Central School, its officers, officials, agents students and/or employees ("Releasees") from any and all claims, demands, damages, rights of action or causes of actions, present or future, arising out of my use or occupancy of the Fitness Center or any fitness/wellness activity occurring therein, including any injuries arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. I further state that I am at least eighteen (18) years of age and fully competent to sign this document; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same.

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WAIVER OF LIABILITY

I/We acknowledge that I have thoroughly read this WAIVER AND RELEASE and fully understand that it is a release of liability to Sodus Central School District. By my signature, I/We indicate that I/We have read and understand this Waiver of Liability and waive any right I, or my Successors, might have to bring any legal action or assert a claim against Sodus Central School District for any injury sustained.

Participant's First and Last Name (Please Print)

Participant's Signature

Date

Emergency Contact Name

Phone Number

(Parent's Signature if under 18 years of age)

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian's Signature

Date

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