**Bashaw School**

**Myranda Shepherd, Principal**

**Candace Hodder, Assistant Principal**

**Box 69, Bashaw AB TOB OHO**

**(780) 372-3800 phone (780) 372-3927 fax**



**Bashaw School Athletic Weight Room**

**Informed Consent & Assumption of Risk Form**

Participant’s Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

**Battle River School Division - Bashaw School**

**Recreation Weight Room Informed Parental Consent & Assumption of Risk Form**

**Assumption of Risks**: *This use of school property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.*

The specific risks vary from one activity to another, but the risks range from

1) minor injuries such as scratches, bruises, sprains, and embarrassment

2) major injuries such as joint or back injuries, broken bones, heart attacks, head injuries, and psychological trauma

3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities** made possible by the Bashaw School Weight Room, hereafter known as “The Garage”. **I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Acknowledgment of Understanding**: I *have read this Informed Consent & Assumption of Risk Form , and fully understand its terms. Further I have read the* ***Bashaw School “Garage” Code of Conduct and Rules*** *and agree to uphold the code of conduct and abide by the rules.*

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**Signature of User** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian of Minor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant’s Age (if minor) \_\_\_\_\_\_\_**