



CONSENT & WAIVER OF LIABILITY

_____ (the student), DOB _____ Campus _____
Full name

I am (if 18 or over), or I am the parent/guardian of, the student named above, and I wish to grant permission and consent for the student to participate in the fitness and weight training activities and use LILA’s outdoor fitness and weights room facility. I understand and acknowledge that these activities are completely voluntary and optional but I also understand that the equipment cannot be used without a spotter/training partner if no adult is present and further acknowledge that to be able to make use of the outdoor fitness and weights room facility I must:

- 1- Be registered in a High School athletic program
- 2- Complete a basic training program with the athletics department
- 3- Submit a Student physical examination form from a CA Physician to the athletics department, prior to using the exercise equipment or engaging in the physical exercise activities offered by this facility.

I understand and acknowledge that in order for the student to participate in the fitness and weight training activities and use LILA’s outdoor fitness and weights room facility, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in the activities and use of this outdoor fitness and weights room facility. I understand, acknowledge, and agree that the International School of Los Angeles (LILA), its Board of Trustees, its employees, officers, agents, or volunteers to the extent permitted by law (California law being the law of this agreement), shall not be liable for any injury/illness suffered by the student which is incidental to and/or associated with preparing for and/or participating in the fitness or weight training activities and the use of LILA’s outdoor fitness and weights room facility and the use of any equipment.

I understand and acknowledge that such activities and use of fitness and weight training equipment, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities **and I agree to assume all risk** of injury, illness, death, damage or loss by theft in regard to any use of this facility including, but not limited to, the changing room and the use of any equipment in the fitness and weights room including participation in any activity, class or program offered at the facility. Some of the injuries/illnesses which may result from participating in these activities and the use LILA’s outdoor fitness and weights room facility and equipment, are but not limited to, the following:

- | | |
|-------------------------------|---|
| 1. Sprains/strains/cuts/burns | 5. Paralysis |
| 2. Fractured bones | 6. Eye injury and/loss of eyesight |
| 3. Unconsciousness/Concussion | 7. Communicable diseases such as COVID-19 |
| 4. Head and/or back injuries | 8. Death |



CONSENT & WAIVER OF LIABILITY

_____ (the student), DOB _____ Campus _____
Full name

I hereby give consent to the International School of Los Angeles to provide basic first aid if qualified staff are available and/or otherwise call emergency services and I consent to all emergency medical/dental care prescribed by a duly licensed CA medical or dental professional for the student listed above. This emergency care may be given under whatever conditions that are necessary to preserve life, limb or wellbeing of the student. I consent to allow the medical agency/licensed physicians engaged in providing emergency medical services to the student to share medical information about the student with LILA staff to the extent that doing so is necessary to allow LILA staff to make a decision about the student's continued safe participation in the activities. I also consent to permit access to the contents of this form and the student's school incident form and any physical examination notes to the medical agency/licensed physicians engaged in providing emergency medical services to the student. I shall be responsible for all expenses incurred in connection with any such emergency.

In so far as permitted by law and except in the case of gross negligence, fraud, willful injury to persons or property, or violations of law, and in consideration of the student being permitted to make use of LILA's outdoor fitness and weighs room facility with all its restrictions and regulations but at my free will as a voluntary activity, I expressly release and discharge the International school of Los Angeles, its Board of Trustees, officers, employees, agents, volunteers and representatives from all claims of action that the student or I may have now or in the future, known or unknown, arising out of the participation in the fitness and weight training activities and the use LILA's outdoor fitness and weights room facility and any emergency treatment of the student as consented here in. I hereby agree to indemnify and hold the International School of Los Angeles, its Board of Trustees, officers employees, agents, volunteers and representatives harmless from any related action brought by another legal parent/guardian of the student or the student who are not a direct signatory to this consent, now or in the future.

I acknowledge that I have carefully read this PARENT/GUARDIAN/STUDENT PARTICIPATION CONSENT FORM FOR FITNESS AND WEIGHT TRAINING ACTIVITIES AND THE USE LILA'S OUTDOOR FITNESS AND WEIGHTS ROOM FACILITY, and that I understand and agree to its terms.

Parent(s)/Guardian(s) Name (Please Print) _____ Signature of Parent(s)/Guardian(s) _____ Date _____
Student's name if 18 and over **Student must sign if 18 and over**