



Fitness Suite & P.E. Waiver

In consideration for being allowed to participate in the fitness programs or use the fitness suite at “British International School of Chicago, South Loop” located at “161 W. 9th Street, Chicago, Illinois 60605,” to use its facilities, exercise equipment, machinery and P.E. and fitness programs, I, _____, as the parent or legal guardian of the child request that the child, _____, participate in the program offered by “British International School of Chicago, South Loop”. I understand that physical activity, by its very nature, carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. I on behalf of the child, myself, my heirs and personal representatives, agree to assume full risk, covenant not to sue, and agree to waive, relinquish and release all claims arising from any injury, damages, or claim of any variety against “British International School of Chicago, South Loop” or any of its agents, employees and directors. I understand that I am responsible for personal medical insurance and that I must cover any medical costs incurred. I agree to hold harmless and indemnify “British International School of Chicago, South Loop” from all claims resulting from negligence. I agree to emergency treatment by the school nurse, physician or hospital in the event that I, or the emergency contacts I have authorized with the school cannot be reached.

I have read this waiver of liability and fully understand its terms. I understand that I am giving up substantial rights, including my rights to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by Illinois state law.

Parent/Guardian Signature: _____ Date: _____