

Lind-Ritzville Cooperative Schools
WEIGHT ROOM USE APPLICATION
ANNUAL USER FEE: \$35.00 (subject to change without notice)

(Please print clearly)

Name: _____ Date of Birth: _____

Mailing Address: _____

Phone: _____ Email: _____

As a patron of the Ritzville School District or Lind School District, I am seeking access to the school district weight room.

Please read and initial each statement. By initializing you indicated that you have read, understand, and agree to each one.

- _____ Pay annual fee (renewable annually)
- _____ Lost or stolen cards must be reported to the district office immediately
- _____ I will use the facility responsibility
 - Sign in and out
 - Clean up any mess I made including putting weights back on racks
 - Assure all doors are closed and lights are out if not in use by anyone else
 - Be courteous to others including volume of the stereo set to a comfortable level
- _____ I will report any damage or other problems that I observe as timely as possible
- _____ I will report observed misuse by others as deemed necessary
- _____ I will not allow others to use my access card
- _____ I will accept full responsibility for any personal injury that may occur from use of the facility and will not hold the district liable for any expense or inconveniences that may occur as a result of such injury
- _____ **ALL** students must be with an adult at all times
- _____ **No** students are allowed to use the weight room unsupervised

Community weight room hours are: Monday-Friday 5:00 AM- 8:00 AM and 5:00 PM- 10:00 PM
Saturday/Sunday 5:00 AM- 10:00 PM

By signing below, I have read and understand the rules and regulations. Failure to follow will result in termination of access to the weight room and key card being disabled.

Signature: _____ Date: _____

Return completed form and payment to:
Lind School District Office for use of the Lind-Ritzville Middle School Weight Room or
Ritzville School District Office for use of the Gilson Gym Weight Room
Please allow 3-4 business days for processing.

FOR OFFICE USE ONLY	
KEY CARD #	_____
DATE PAID	_____