

Gilson Gym Weight Room Use Application

Activation Fee: \$5.00 / Annual User Fee: \$20.00

As a patron of the Ritzville community, I am seeking access to the Gilson Gymnasium weight room. By signing this waiver, I agree to the following:

- Pay an initial \$5.00 fee to cover cost of the card and a \$20.00 annual user fee. (renewable Oct. 1)
- I will use the facility responsibly.
 - Sign in and out.
 - Clean up any mess I made including putting weights back on the racks
 - Assure that all doors are closed and lights are out if not in use by another party.
 - Be courteous to others including volume of the stereo set at 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 & code with any other person, including my children.
- I will not use the facility during school hours or during school activities such as practices or events without the consent of the building administration.
- 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 expenses or inconveniences that may occur as a result of such injury.

The weight room is generally available for community use from 5:00am – 8:00am and from 5:00pm – 10:00pm on school days. On weekends and holidays, normal hours are from 5:00 am – 10:00pm. Access on non-school days is acceptable unless other school activities are taking place.

Name: _____

Address: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Desired 6 digit PIN for Gilson Access: _____

Directions: The card reader is on the east side of Gilson Gym. Swipe your card across the card reader, while the green light is flashing, enter your 6 digit PIN on the keypad. Door should open. If the green light does not flash after swiping the card or if your card is lost, contact the high school office.

My signature indicates that I give consent for the Ritzville School District to have a WSP background check performed if necessary. Weight room privileges may be denied or revoked based on the background check or any violations of the above rules.

Signature: _____ Date _____