

Weight Room Waiver

_____ has my permission to lift weights at Central Christian without the presence of a monitor. I understand the potential risks related to weight lifting, have reviewed the guidelines, and release Central Christian School of any liability and responsibility related to injury of any type.

Date _____ Parent's Signature _____

Student's Signature _____

Phone Verification _____

Central Christian School * 3970 Kidron Rd, Kidron, OHIO * (330) 857-7311

Only valid for students in grades 9-12