



# Heber-Overgaard Schools

*"Home of the Mustangs"*

**P.O. Box 547 Heber, Arizona 85928**  
**Phone 928-535-4622 Fax 928-535-5146**

[www.heberovergaardschools.org](http://www.heberovergaardschools.org)

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## *HS & Capps Gymnasium & Weight Room Use Waiver*

### Participant Information (Print Clearly)

- Name: \_\_\_\_\_
  - Phone: \_\_\_\_\_ Email: \_\_\_\_\_
  - Facility Access Requested:  HS Gymnasium  Weight Room
  - Key Fob Number (if issued): \_\_\_\_\_
  - IVP Fingerprint Clearance Card (Level I):  Yes  No  
IVP Card Number: \_\_\_\_\_
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### General Access Hours

District Gyms and Weight Room are **ONLY** available Monday thru Friday. Unless preempted by school, athletic, or District events, access is generally available Mon-Fri:

- Morning: **5:00 a.m. – 7:00 a.m.**
  - Evening: **7:00 p.m. – 9:00 p.m.**
  - Advance permission may be granted for Saturday use. Please contact District AD.
  - This agreement is good for the current calendar year and will need to be renewed at the beginning of each year.
  - All non-school employees will pay a facility use fee of \$25 per month, or \$200 for the year, or \$125 every 6 months. In some cases, the superintendent may issue a fee waiver.
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### REQUIRED ACKNOWLEDGMENTS (Initial Each)

#### 1. Key Fob Security

I understand my key fob is issued **for my use only**. I will not loan, share, or allow use by any other person. I understand that **loaning or sharing a key fob will result in immediate revocation of privileges.**

Initials: \_\_\_\_\_

## 2. Weight Room Supervision

I understand that **I should not use the weight room alone.** At least one other **“authorized”** adult should be present at all times.

**Initials:** \_\_\_\_\_

## 3. Fingerprint Clearance Requirement

I understand that if I am present around school-aged children, I must possess a **valid Arizona DPS Level I IVP Fingerprint Clearance Card** pursuant to **A.R.S. § 15-512 and § 41-1758.07.** Failure to maintain a valid card will result in revocation of access.

**Initials:** \_\_\_\_\_

## 4. Hours of Use

I understand that access is limited to Monday – Thursday **5:00–7:00 a.m. and 7:00–9:00 p.m.** Access on Fridays are from 5:00-7:00am **ONLY**, unless otherwise authorized, and may be restricted due to school sessions, athletic events or school closures.

**Initials:** \_\_\_\_\_

## 5. Bringing Guests

I understand I may bring a guest(s). However, I understand that I am responsible for each guest I bring and I must accompany them. Guest access will be limited to a 2-week access maximum. Any person using school facilities for more than two weeks must sign their own personal facility use/waiver agreement and may be assessed the monthly \$25 fee. Guest access is also limited to **5:00–7:00 a.m. and 7:00–9:00 p.m.**, unless otherwise authorized, and may be restricted due to school or athletic events.

**Initials:** \_\_\_\_\_

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## Assumption of Risk

I acknowledge that use of gymnasium and weight room facilities involves inherent risks, including serious bodily injury. I voluntarily assume all risks associated with use of District facilities pursuant to **A.R.S. § 12-556.**

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## Release and Hold Harmless (WAIVER)

To the fullest extent permitted by Arizona law, I release and hold harmless **Heber-Overgaard Unified School District No. 6**, its Governing Board, Admin, Employees, and Agents from any claims arising from my use of District facilities and any possibly injury that may result in my use of these facilities, (specifically the HS Weight Room, and Capps/HS Gym) except where caused by gross negligence or willful misconduct, consistent with **A.R.S. § 12-820 et seq.**

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## Agreement and Signature

I certify that I am **18 years of age or older**, have read and understand this form, and agree to comply with all District policies and facility rules.

- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Printed Name:** \_\_\_\_\_
- **Facility Use Effective Date:** \_\_\_\_\_ 20\_\_\_\_ **Expiration Date:** Dec 31, 20\_\_\_\_

# *Key Fob Agreement & Use Fee Addendum*

*(To Be Retained by the District)*

Name (print clearly): \_\_\_\_\_

- **Key Fob Number Issued:** \_\_\_\_\_
- **Date Issued:** \_\_\_\_\_
- **Access Areas Authorized:**  HS/Capps Gym  Weight Room

I acknowledge receipt of the above key fob and understand:

- The key fob remains **property of the District**.
- I will not loan, share, or allow use by any other person.
- Lost or stolen fobs must be reported immediately.
- Access may be electronically monitored and revoked at any time.
- Failure to return the key fob upon request may result in replacement costs and revocation of privileges.
- **Access fee has been paid (for non-district employees):**  Yes  No

• **Recipient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

• **District Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_