

# COMMUNITY INDOOR WALKING PROGRAM



DEFOREST AREA  
SCHOOL DISTRICT

## PROGRAM DESCRIPTION

DeForest Area School District offers an indoor walking opportunity to community members each school year from November through April.

To access this program, community members must complete the **Community Indoor DASD Walking Program Release & Waiver form**, complete a [DASD background check](#), and pay a \$10 fee to obtain a DASD walking badge.

## PROGRAM GUIDELINES

1. Participants must have DASD badge visible while walking.
2. Upon entering and exiting the building, walkers must sign in and out on designated log.
3. Only DASD approved walking program participants may access the building. Participants shall not allow others to access the building when entering.
4. Participation is limited to November through April. Those wishing to participate the following year will need to reapply. Badges should be retained to avoid an additional \$10 badge fee. Lost badges can be replaced for \$10 by calling (608) 842-6503.
5. Safety First - Please use only designated walking routes during scheduled walking times.
6. Students/Athletes Take Priority - School buildings/spaces are generally not available when in use by DASD students or student athletes. Scheduled open walk times may be subject to change to accommodate other district needs or due to circumstances outside of the district's control.
7. Etiquette - Please wear appropriate attire, be polite, and be respectful of space and DASD staff who may be working.

## PARTICIPATION REQUIREMENTS

- [Background check](#) must be completed prior to participating (*allow 48 hours for processing*)
- Schedule an appointment by calling (608) 842-6503 to obtain a DASD walking badge, complete a release & waiver form, and pay the \$10 badge fee
- *Please make checks payable to "DeForest Area School District"*



Scan QR code  
for link to  
Background  
Check form

**Available November - April  
(when school is in session)**



**DEFOREST AREA  
HIGH SCHOOL**

*Performing Arts Center entrance*

- **Monday through Friday**
- 6:45 - 7:45 AM (*badge activated from 6:45-7:15 AM*)
- Swipe in at Door #47
- Sign in/out on clipboard at athletic director's office



**DEFOREST AREA  
MIDDLE SCHOOL**

*500 S Cleveland Ave entrance*

- **Tuesdays, Wednesdays, Thursdays**
- 6:30 - 8:00 PM (*badge activated from 6:30-7:00 PM*)
- Swipe in at Door #23
- Sign in/out on clipboard

# COMMUNITY INDOOR WALKING PROGRAM



DEFOREST AREA  
SCHOOL DISTRICT

Call (608) 842-6503  
to schedule an appointment  
to get your badge & pay \$10 fee

## RELEASE & WAIVER FORM

By completing and submitting this form, I fully recognize that there are dangers and risks to which I may be exposed by participating in the above-referenced activity offered by the District. I complete and submit this "Release and Waiver" in full recognition and appreciation of the dangers, hazards, and risks of said activity, which dangers include but are not limited to, contagious diseases, physical injuries, and/or property loss or damage. I understand that the District does not require me to participate in this activity, but I desire to do so, despite the possible dangers and risks.

In signing this Release, I agree to assume and take on all of the risks and responsibilities in any way associated with said activity. In consideration of, and in return for, services, facilities, and other assistance provided to me by the District in this activity, I release the District (and its governing board, employees, and agents) from any and all liability, claims and actions that may arise from injury or harm to me, up to and including death, or from damage to or loss of property in connection with the activity. I understand this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the District (or its governing board, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the District.

I recognize that this Release means I am giving up, among other things, rights to sue the District, its governing board, employees and agents for injuries, damages or losses incurred. I also understand this Release binds me and my heirs, executors, administrators, and assigns.

By completing and signing this form I acknowledge that I have read this entire waiver, fully understand it, and agree to be legally bound by it.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

FOR OFFICE USE: Paid fee?

Background Ck?

Badge # \_\_\_\_\_