

PE+PLUS

Family Information & Release from Liability

	Father/guardian	Mother/guardian (if different)
Full Name		
E-mail		
Phone #'s Home, Work, Pager, Cell, etc.		
Home Address		

Participating Students' Names	Date of Birth	Participating Students' Names	Date of Birth

Non-participating children in family (names and ages):

My Child(ren) listed above is/are in good health and has/have no physical limitations which would effect his/her safety while participating in P.E. PLUS activities.

I understand that my child(ren) is/are participating in the P.E. PLUS Program. I am aware that in a physical education program such as this, there are risks, which are inherent in the activities. These activities might include, but are not limited to basketball, volleyball, soccer, softball, dodge ball, chase/tag games, P.E. parachute games, gymnastics and wrestling/mat games. I am willing to assume these risks for my child(ren) and further will hold: PE+PLUS, Douglas County Fairgrounds, the town of Castle Rock and its employees, Littleton Baptist Church, the city of Littleton and its employees, PRACAH and its volunteers & employees, the town of Highlands Ranch and its employees, Horizon Church and its employees, Arapahoe County Fairgrounds, the city of Aurora and its employees, Parker Field House, and the town of Parker and its employees, Cherry Creek Presbyterian Church, the city of Englewood and its employees, harmless from any such injuries which may result in the normal course of properly supervised activities. This waiver and release shall be binding on my heirs and successors and assigns. I give permission for my child(ren) listed above to participate in all P.E. PLUS activities.

Parent/Guardian Signature: _____ Date _____