PE+PLUS
Family Information & Release from Liability

	Father/guardian	**Mother/guardian** *(if different)*
Full Name		
E-mail		
Phone #'s Home, Work, 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/their 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, and P.E. parachute games. I am willing to assume these risks for my child(ren) and further will hold: PE+PLUS, Douglas County Fair Grounds and the town of Castle Rock and their employees, Littleton Baptist Church and its employees, Arapahoe County Fairgrounds and the city of Aurora and its employees, Parker Fieldhouse and the town of Parker and its employees, and Cherry Creek Presbyterian Church and its employees, harmless from any such injuries which may result in the normal course of properly supervised activities. Furthermore, I acknowledge that my child(ren) are participating in this program during the COVID-19 pandemic, and I acknowledge the contagious nature of this pandemic. I certify that, to my knowledge, neither I nor my children are currently infected with COVID-19, and I release and hold harmless PE+Plus and all organizations and municipalities listed above from any risk of exposure or infection as a result of our participation. 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 _____