

PEP (Carol M White Physical Education Program)
Extracurricular Activities
Permission Form & Liability Waiver

Serious, catastrophic and perhaps fatal injury may result from participation in extracurricular physical activities.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury.

By signing below and thereby granting permission for your student to participate in after-school PEP-sponsored activities, you, the parent or guardian, acknowledge that such a risk exists. Additionally, by choosing to participate, your son or daughter acknowledges that such risk exists.

Students will be instructed in proper techniques to be used in extracurricular physical activities and in the proper utilization of any equipment involved. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

Student name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Phone: _____ E-mail: _____

Club Name(s): _____

Emergency Medical Treatment Authorization

My child, _____, has my permission to participate in the Telluride Physical Education Program's (PEP) extracurricular activities, including travel in town and to nearby locations on occasion. If the need arises, I authorize Telluride PEP employees and contractors to make decisions as to assure the health and safety of my son/daughter.

Parent/Guardian Signature: _____ Date: _____

Emergency Home Phone: _____ Emergency Cell Phone: _____