**Parent/Student PE Consent**

During the course of the school year, your son/daughter will have the opportunity to participate in cardiovascular activities, under adult supervision, to sites in the proximity of Liberty High school.

Your signature below gives permission for their participation in these excursions during the school year. Any field trip involving transportation will be handled with permission forms for each activity. We also will be using IPAD video footage to assess our students from time to time, so by signing this form you acknowledge and understand that we may use this for assessments.

In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed. These activities provide a learning experience for the students and allows them an opportunity to apply their classroom learning.

Although I understand that the school district will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, which may include physical injury or other consequences arising or resulting from the activity.

Being fully informed as to these risks, I hereby consent to my student participation in field/activity trips mentioned above.

You and your parent/guardian are to sign and return this form, stating you read, understand, and accept the information stated above and the grading expectations for Physical Education classes.

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

Student’s Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_