



LIBERTY COMMON SCHOOL

Common Knowledge, Common Virtues, Common Sense

1725 Sharp Point Drive, Fort Collins, Colorado, 80525, 970-482-9800

Liberty Common School Parental Permission Form

I have read and understand the rules and regulations in participating with athletics, activities or clubs with Liberty Common School and I agree that I will at all times abide by those rules as long as I am a member of Liberty Common School. I promise to uphold the high standards expected of me and will always be a credit to my school. I realize failure to comply with these rules can mean dismissal from the sport, activity or club.

Student Signature _____ Date _____

_____ has signified a desire to participate in a sport/activity/club at Liberty Common School. To remain on the team or squad, certain responsibilities and obligations must be assumed in order to remain on the team/squad. I have read and understand the regulations set forth in the participant guidelines. I will, insofar as I am able, see that these rules and regulations are carried out. I will, whenever questions arise, contact the coach or sponsor for clarification

I hereby give _____ consent to participate in athletics/activities at Liberty Common School.

Parent Signature _____ Date _____

Assumption of Risk

By its nature, participation in interscholastic or intramural athletics includes risk of injury which may range in severity from minor to disabling, even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

By signing this Assumption of Risk Form, we acknowledge that we have read the above information. Parents or students who do not wish to accept the risks described in the warning should not sign this Permission Form.

"I hereby give my consent for _____
Student Athlete Name

1. To represent his/her school in approved athletic activities.
2. To accompany any school team of which he/she is a member on its local or out of town trips.
3. To receive, through a medical doctor of the school's choice, emergency medical care, which may be necessary in the course of such athletic activities or such travel.

I further agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student in the proper course of such athletic activities or travel.

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Signature Date

"I have read the foregoing and understand the inherent risks involved with my participation in athletics."

Student Athlete Signature Date

