



Parent Permission for Athletic Participation General Release and Liability Waiver

Mapleton students in 2nd-8th grade are invited to join our Skyview Wolverine coaches and student athletes for a morning of fun!

At Cub Camp, students will participate in exciting activities that will help increase their agility, eye-hand coordination and athletic ability. This is a great way to meet coaches, learn from Skyview athletes and stay active!

Date: Saturday, Oct. 5, 2019

Time: 9 a.m. – Noon

Location: DiTirro Stadium at the Skyview Campus
8990 York St., Thornton 80229

Cost: FREE!

* Transportation is NOT provided.

Participant Information

Student First Name	MI	Last Name
Date of Birth (MM/DD/YY)	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Name of School
Primary Home Address		
City	State	Zip
Primary Parent/Guardian First Name		Last Name
Home Phone	Cell Phone	
Primary Parent/Guardian First Name		Last Name
Home Phone	Cell Phone	

Emergency Contact Information - Please list **2 people** (in addition to primary parent/guardian) we may contact in case of an emergency.

Name	
Home Phone Number	Cell Phone Number
Relationship to Student	

Name	
Home Phone Number	Cell Phone Number
Relationship to Student	

GENERAL RELEASE & LIABILITY WAIVER

I, the participant or legal parent/guardian, hereby agree to, or grant permission for my child to participate in Mapleton Public Schools 2019 Cub Camp. I understand that sports/athletics is inherently vigorous and involves numerous physical demands and may involve contact, and therefore may cause injury. I furthermore certify and understand that my child is physically fit and in good physical health and able to participate in training sessions. I understand that all attempts will be made to contact me or my emergency contact; however, in the event that either cannot be reached I hereby authorize the staff and/or trainers of Mapleton Public Schools to secure any and all medical treatment for me or my child. I further authorize any attending physician to render any and all medical care which may be deemed necessary. I do hereby release and forever discharge and agree to indemnify Mapleton Public Schools, their directors, coaches, staff and the owners of any fields, facilities, and equipment suppliers used, from liability for any personal injury or illness, damage, or loss incurred while participating in Mapleton Public Schools 2019 Cub Camp. I understand that I will be financially responsible for any and all damages to Mapleton Public Schools facility and equipment that are determined to be my fault.

I have read, understand, and acknowledge the GENERAL RELEASE & LIABILITY WAIVER as stated above. I hereby given consent for _____ to participate in Mapleton Public Schools Cub Camp on Saturday, Oct. 5, 2019.
Student Name

Parent/Guardian Signature: _____

Parent/Guardian Print Name: _____

Date: _____

Check One: _____ Participant (must be 18 or older) or _____ Parent/Legal Guardian

FOR OFFICE USE ONLY:

_____ Parent Permission/Release and Liability **Signed**

_____ Media Waiver **Signed**

Comments: _____

_____ Health Waiver **Signed**

Comments: _____



Media Participation Form

To support the mission of Mapleton Public Schools and the Mapleton Education Foundation, the District occasionally seeks to include school-oriented articles, video and photography in its publications, on its website and social media sites.

During the school year, there may be times when different media groups (newspapers, television, school production classes, etc.) will cover activities at various Mapleton Public Schools.

These articles, video or still photography, including images of students, parents, alumni, faculty and staff, may be published within the School District, locally or nationally.

Additionally, Mapleton Public Schools cannot be held responsible for material (photos, video, audio) placed without its knowledge or permission online on personal websites (such as Facebook, Youtube, etc.). **However, Mapleton strongly encourages families to consider the following when posting photos or video to their personal sites:**

- **Respect the privacy of others.** Unless specific permission is provided, do not post photos or videos with images of children other than your own. Please consider the possible dangers of posting images and names of children to the Internet without permission or knowledge of their parents.
- **Consider setting up security parameters to limit access to your social networking sites.** For example, when posting photos or a video, be sure to post as “private” for viewing by invitation (e-mail) only.

By signing this form and returning it to the school, you are granting permission for your student to be included in these publications, products and activities.

Student's Name

Parent/Guardian Signature

Date

Relationship to Student