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

Name Of Student:
Dear Parent or Guardian: Beginning on January 7 <sup>th</sup> , 2019, our Physical Education classes will be participating in an inhouse skating program. The skates will be delivered directly to the school. Due to insurance purposes, we will be exclusively using Skatetime School Programs® skates. This skating unit is being implemented because of its emphasis as a "Lifetime Activity". Skating provides a variety of benefits, which include balance, coordination, motor skills, and a top rated cardio-respiratory workout. Students will also learn basic skating skills such as starting, stopping, forward skating, backward skating cornering, and a number of safety tips for being a smart skater.
Please have your student return this permission slip no later than January 4 <sup>th</sup> , 2019.
In consideration of the permission granted, I hereby grant permission for the person named herein to participate in the program described and associated activities provided by Skatetime School Programs <sup>®</sup> and Colfax School District. I further release Skatetime School Programs <sup>®</sup> and the School District of Colfax its agents, employees, and volunteers from all actions, damages, claims, or demands and all liability, which might be incurred during the conduct of this activity. I further authorize the School officials to take the proper steps to provide medical attention should participant be injured while participating or being transferred to or from any School sponsored activity and I hold said officials of and the District harmless thereof. I acknowledge the risk and responsibilities involved in this activity. I have read this release and understand all its term and execute it voluntarily and with full knowledge of its significance.
<ul> <li>I give my son/daughter permission to skate in PE class.</li> <li>I do not give my son/daughter permission to skate in PE class.</li> </ul>
Parent/Guardian Signature: