



2018 French Road Elementary School

Jump Rope For Heart Permission Slip

Date: Thursday, February 15th
Time: 3:45-5:00
Place: FRES Gym

Coordinators:
Mr. LaPaglia, Mr. Salerno, and Mrs. Forsyth
242-5200 x5159

Jump Rope For Heart involves jumping rope- a strenuous activity that may include risks such as, but not limited to physical exertion, falls and contact with other participants. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and fatality, arising out of my participation in Jump Rope For Heart and related activities.

It is my responsibility to ensure that all my clothing and equipment are properly fitted and appropriate for use in this event. Although refreshments and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in the Jump Rope For Heart. I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions that would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, not to sue and to release indemnity and hold harmless The American Heart Association, Inc., it's affiliates, officers, directors, volunteers and employees and sponsoring business and organizations and their agents from any and all liability, claims, demands, and causes of action whatsoever, arising out of participation in this event and related activities- whether it results from the negligence of any of the above or from any other cause. Furthermore, I authorize the use of my image and voice as may be captured by photograph or recording during my participation in this event.

**LET'S STAY NUMBER ONE FOR ANOTHER YEAR!
HELP BY VOLUNTEERING OR SPONSORING A STUDENT!**

Cut here ✂

I have read, understand and accept the terms of this agreement.

Child's Name: _____ Homeroom Teacher: _____

Parent or Guardian Signature: _____

For the Parent or Guardian: I would like to volunteer during the Jump Rope For Heart.

Please call me at _____ e-mail address _____

(Do not give number and e-mail if you do not wish to volunteer)

Grade 3