

2016-2017 PPQ

PARENT PERMISSION QUESTIONNAIRE (PPQ)

(To be completed by Parent/Guardian/Student)

DEAR PARENT/GUARDIAN: Your son/daughter has indicated a desire to participate in **Color Splash Fun Run** sponsored by the Bay Shore Wellness Alliance.

STUDENT _____ MALE _____ FEMALE _____ GRADE _____

PARENT/GUARDIAN NAME _____ TELEPHONE# _____

This form must be completed and returned **before** participation in the Color Splash Fun Run.

TO BE COMPLETED BY PARENT/GUARDIAN:

I hereby give consent for my son/daughter _____ to participate in Color Splash Fun Run/Walk

I hereby acknowledge my awareness that participation in sports/activities involves a risk of injury, and that these injuries may occur in some instances as the result of unavoidable accidents. I accept these risks in giving consent to participation in the above noted event.

I hereby acknowledge that my child must wear a protective eyewear and cannot take it off during the CSFR. Without the eyewear, your child will not be able to participate.

Website/Photo Release – I acknowledge that I have read this Consent and Release and fully understand, and intend to be legally bound by its contents. I hereby irrevocably grant to Bay Shore Wellness Alliance and its licensees, successors and assigns, my consent and full right to publish, display, reproduce and circulate any photographs. I hereby irrevocably waive any right that I may have to inspect or approve the materials that may be used by BSWA or to be compensated for the use of such materials. For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby irrevocably release BSWA from any and all claims I may have, at any time, arising out of or related to the production or reproduction of these photographs.

Signature of Parent/Guardian

Phone Number

Name and telephone number of person to contact in case of emergency _____