

**STARPOINT COMMUNITY EDUCATION PHYSICAL EDUCATION WAIVER**

I hereby state that \_\_\_\_\_ does not have any ailments or physical conditions that could prevent me/him/her from participating in a physical education activity or class. Accordingly, I hereby consent and wish to participate in the physical fitness class offered by the Starpoint Central School District's Community Education Program, and do so without securing a physician's certificate or examination, which I deem to be unnecessary.

I hereby release Starpoint Central School District from any and all liability and waive any claim from injury that might have been forestalled, foreseen, determined, anticipated or uncovered by a physical examination, and accordingly do agree to hold harmless and indemnify the Starpoint Central School District for any related costs, expenses or losses (including legal fees) which may be related to any such condition which could or would have been discovered by a physical examination.

Class Name \_\_\_\_\_

Signature \_\_\_\_\_ (parent /guardian if participant is under 18 yrs.of age)

Date \_\_\_\_\_