



Parmalee 100 Mile Club is proud to announce that we are back for the 6th year! This program provides students the opportunity to work towards a goal of running/walking 100 miles (or more) over the course of the school year. It's a great way to engage with other Parmalee students & parents, get our bodies moving before school and improve readiness to learn.

Who: All Parmalee K-5 students & parents too! (*Kinders use "mini" miles, each mile is x2*)

When: 1) Tue, Wed & Fri Mornings, 8:30 - 8:50am - *Beginning September 7th, 2021*  
 2) 2nd Saturday of each month at an offsite location (local hiking trail or park)  
 Times and locations posted on <http://www.parmaleepta.org/100mileclub/>

Where: Parmalee Elementary Field - meet on playground blacktop

Cost: \$10 per student for milestone incentive kit (T-shirt, wristband, pencil, medal)  
*(Students may participate without purchasing an incentive kit, financial support available)*

Rewards for Student-met Goals:

25 miles - 100 Mile Club T-Shirt	50 miles - Logo Pencil
75 Miles - Logo Wristband	100 miles - Gold Medal (Presented at special end of year ceremony)

**To Register:**

- 1) **Complete below registration information and sign Jeffco Waiver on reverse side**
- 2) **Please return this form and payment in Friday Folder or drop off at the front office**

More information: <http://www.parmaleepta.org/100mileclub/> or email [amandadeuel@gmail.com](mailto:amandadeuel@gmail.com)

**Parmalee 100 Mile Club - Registration Form**

Name 1: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Youth \_\_\_\_\_ Adult Teacher: \_\_\_\_\_  
 Name 2: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Youth \_\_\_\_\_ Adult Teacher: \_\_\_\_\_  
 Name 3: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Youth \_\_\_\_\_ Adult Teacher: \_\_\_\_\_  
 Name 4: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Youth \_\_\_\_\_ Adult Teacher: \_\_\_\_\_

*\* Shirts available in sizes **Youth:** S, M, L **Adult:** S, M, L, XL, 2XL, 3XL*

**Payment (\$10 per person):**

\_\_\_ Paid via Jeffco Connect \_\_\_ Cash/Check attached \_\_\_ Financial Support needed

*(Please make checks payable to **Parmalee Elementary School**)*

**Contact Information:**

Parent/Guardian name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_ I am interested in volunteering with the program. Please contact me with details.



Student Assumption of Risk and Waiver

Student Name: \_\_\_\_\_ Activity: Parmalee 100 Mile Club

Parent/Guardian \_\_\_\_\_

On behalf of my child, I (parent/guardian) hereby acknowledge and agree that activities such as those listed above have inherent risks such as minor physical/emotional injuries like cuts, bruises, sprains; to serious physical injuries like breaks, dislocations, serious wounds, cardiovascular issues, traumatic brain injury and possibly even a risk of death. I have sufficient knowledge of the nature and extent of the risks associated with these activities and the use of facilities and equipment associated with these activities. If I had any questions or concerns regarding possible risks, I have addressed them with the activity/program or sponsor.

I further acknowledge that the risks communicated by the activity/program sponsor may not be inclusive of all the possible risks associated with the     Parmalee 100 Mile Club     (activity/school program) and that the activity/program facilitator(s) may not have anticipated all of the risks associated with the above activities.

I accept the fact that the program facilitator(s) cannot guarantee my child's total safety since some risks in such activities are beyond their control. I fully comprehend and willingly assume the responsibilities and risks of participating in this program, as outlined in information communicated to me by the facilitator(s).

I understand that if I experience an injury/illness, including a concussion, then it is my responsibility to inform the activity/program sponsor immediately. I hereby give my consent to have my child seen by emergency medical personnel, a physician, or a nurse and treated if necessary in case of sudden illness or injury while participating in the above activity. It is understood that Jeffco Public Schools provides no medical insurance for such treatment and that the cost thereof will be at my expense.

\_\_\_\_\_ (initials child) \_\_\_\_\_ (initials guardian) I and my child agree to follow all instructions and guidelines given by the facilitators, and to act in a safe and responsible manner toward all participants.

I (parent/guardian), \_\_\_\_\_, hereby waive, release, and discharge the Jeffco Public Schools and their/its successors, heirs, assigns, directors, officers, employees, supervisors, agents, attorneys and representatives, from any and all actions, causes of action, claims, demands, losses, damages, costs, attorneys' fees, judgments, liens or liabilities whatsoever, regarding the aforementioned activity in which I and my child have elected to voluntarily participate.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_