

**Pre-Participation Physical Evaluation (PPE)
Waiver of Liability**

I understand that _____ (name of student) is being seen today by these healthcare providers solely for the purpose of receiving a free sports Pre-Participation Physical Evaluation (PPE) to determine if he/she may participate in athletic activities associated with the Collier County Public School System.

I understand and agree that this sports PPE is not a substitute for an annual physical which is/should be performed by the child's regular physician.

I further understand that this sports PPE is not designed to fully evaluate all possible medical conditions which may exist at the time of the exam.

I also understand and agree that in consideration for receiving this free PPE, I agree to hold the various healthcare providers who are participating in this sports PPE harmless from any liability and to waive any claim that may be brought on behalf of _____ for professional liability or medical malpractice related to the services that are provided at this sports PPE or that might otherwise be brought related to any injury the child may suffer as a result of participating in the athletic activity.

Date

Signature of Parent or Guardian

Print Name of Parent or Guardian