



Bernard C. Campbell Middle School  
1201 N.E. Colbern Rd.  
Lee's Summit, MO 64086-5816  
(816) 986-3175 • FAX (816) 986-3245



### **Mustang Archery Permission Slip & Waiver**

My student, (first and last name) \_\_\_\_\_ has my permission to participate in Mustang Archery.

I understand that with any athletic activity the potential for injury does exist. I authorize any medical treatment that is necessary, should my child need medical attention, with the understanding that the Lee's Summit R-7 School District (District) and its agents are not responsible for any medical cost that may arise from that treatment.

#### **Waiver and Indemnity**

For providing my student the opportunity to participate in Mustang Archery and other valuable consideration, the receipt of which I hereby acknowledge, I hereby agree to indemnify and hold the District and its agents free and harmless from any loss, liability, damage, cost or expense that may arise as a result of any injury or property damage that my student may sustain while participating in Mustang Archery, including any injury or property damage caused by the negligence of the District or its agents.

I, \_\_\_\_\_, (printed parent or legal guardian) understand that by signing this form I am stating that I agree to the terms and conditions above and that my child is medically able to participate. Should my child ever become medically unable to participate, I will inform the school staff (Mustang Archery Coaches or Athletic Director) immediately of their non-participation.

My signature below indicates that I have read and understand the entire consent for and realize it is binding and in the event that I am signing it on behalf of any minors or wards, that I have full authority to do so.

Parent's or Legal Guardian's Name (printed)

\_\_\_\_\_

Parents or Legal Guardian's Signature

\_\_\_\_\_

Emergency Contact #1 (Name and Phone #) \_\_\_\_\_

Emergency Contact #2 (Name and Phone #) \_\_\_\_\_