

Anoka-Hennepin ISD #11

Permission to Participate and Liability Release

Event: Indian Education archery training and archery tournament

Dates: Training/Practice on April 8, 22, May 6, 20, Tournament on June 8

Location: Training @ Monroe Elementary, Tournament in Shakopee

Transportation: Not Provided

Participants Name _____

Please check one ___ as parent/guardian of the above named child ___ as participating adult

I give my permission for the above named participant to participate in **the Archery Training at Monroe Elementary on 4/8/19, 4/22/19, 5/6/19, 5/20/19 and the Archery Tournament on 6/8/19 in Shakopee.**

I acknowledge that this activity may include, but is not limited to the following: any loss, damage or injury including death that may be sustained by me and/or participating student.

- I understand and agree to abide by school district rules and the laws of the community and state.
- Following appropriate medical consultation, I have determined that my student's / my health is adequate to participate safely in this activity. In the event of an emergency, I authorize treatment by emergency medical personnel.
- I understand that the School District does not or may not carry any insurance relative to the activity or for injuries to the participant. I represent that the participant has insurance either through the districts student insurance program or through my own insurance carrier. If we do not have family coverage, I will assume responsibility for any medical bills associated with this activity.
- I understand that the necessary arrangements, plans and precautions will be taken for the care and supervision of the student during this activity. I also understand that I will be responsible for paying all expenses related to sending the participant home from the activity for disciplinary reasons or illness.
- I hereby release and waive and further agree to indemnify, hold harmless or reimburse the school district, the individual members, agents, employees, volunteers and representatives thereof, as well as activity supervisors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in this activity and related activities or the rendering of emergency medical procedures or treatment, if any.

Parent / Guardian or Participating Adult

Signature _____

Date _____

Name _____