Boys and Girls Club Mentoring Archery
ClassPermission Slip
And Waiver & Release

In consideration of my minor child (or, if relevant, a minor child for which I am the legal guardian) being allowed to participate in the Poarch Band of Creek Indians Boys and Girls Club archery program, I, as the parent or legal guardian of said participating minor, do hereby agree as follows:

I understand that my minor child (or, if relevant, a minor child for which I am the legal guardian) is being taught archery by a certified archery teacher and will be taught about, among other things, safety and is expected to follow all rules.

I understand that there are inherent dangers associated with archery, that dangers may be caused by my minor child’s actions, or inactions, the actions or inactions of others participating, the condition of equipment being used, and the premises involved.

I fully understand that the activities of the archery program may involve risk and danger of serious bodily injury, including permanent disability, and death.

I hereby release, discharge, and agree hold harmless the Poarch Band of Creek Indians and Poarch Band of Creek Indians Boys and Girls Club, their respective administrators, directors, agents, officers, volunteers, and employees, from all liability, claims, demands, losses, or damages arising directly or indirectly from my minor child’s (or, if relevant, a minor child for which I am the legal guardian) participation in the Poarch Band of Creek Indians Boys and Girls Club archery program.

I give my minor child ____________________________ [Print Child’s Name], permission to participate in archery program at the Poarch Band of Creek Indians Boys and Girls Club. The archery program will be held at the Mentoring Department, which is located behind the Teen Center.

Parent/Guardian Signature: ____________________________ (Please Sign Name)

Parent/Guardian Name: ____________________________ (Please Print Name)

Relationship to Child: ____________________________ (Please Print Relationship to Child)

Cell Phone Number: ____________________________ (Please Print Parent/Guardian Cell Phone No.)

Date: ____________________________, 20__ (Please Print Date)