PARENT / GUARDIAN CONSENT AND RELEASE FOR NASP PROGRAM PARTICIPATION

I, _____, do hereby consent to allow _____ to participate in the National Archery in the Schools Program, and in the event of injury or accident to my child, do hereby release, discharge, absolve and hold harmless National Archery in the Schools Program, State of North Dakota, Department of Environmental Protection, North Dakota Division of Fish and Wildlife, and Apple Creek Elementary School, its officers, employees, volunteers, leaders, instructors, and coaches from any and all liability or responsibility thereof, from this date to the end of time.

Please fill in forms on both sides.

After-School Archery Program Permission Slip
Apple Creek Elementary School

Student First and Last Name: _____

I have read the Archery Handbook. I understand my student must follow all NASP and Apple Creek School saftey rules, staff directions, and behavior expectations. Failure to do so may result in removal from the program.

Medical Information
Please list any medical conditions or concerns.

_____

_____

I give permission for my child to participate in the After-School Archery Program.

Parent / Guardian Name: _____
Primary Phone Number: _____
Primary Email: _____
Signature: _____

Emergency Contact Name: _____
Emergency Contact Phone: _____

I, _____, understand that I must follow all NASP safety rules,
(student name)
staff directions, and school behavior expectations. Failure to do so may result in my removal from the program.

Please fill in forms on both sides.