Raytown Schools Wellness Center
Parent's Permission Form

Today's Date:_____

I, _____, give permission to _____ to bring my
(Parent's Name) (Responsible Adult's name)
child(ren) to the Raytown Schools Wellness Center. This person is responsible for the children while they are visiting the Raytown Schools Wellness Center and will follow facility's rules and age appropriate guidelines. We also understand that a fee will be charged for each person (I and all children) who is not signed up under a membership/user agreement with the Raytown Schools Wellness Center.

I do hereby fully release and discharge the Raytown C-2 School District, its Board of Education members, officers, administrators, employees, representatives and agents (collectively the "Released Parties") from any and all liability, claims, and causes of action from injuries or illness (including death), damage or loss (economic and non-economic) which I may have or which may accrue to me or my children while my children are in the Wellness Center. This is a complete and irrevocable release and waiver of liability. Specifically, and without limitation, I hereby release the Released Parties from any liability, claim, or cause of action arising out of the Released Parties' negligence, whether existing at the time of execution of this agreement or in the future.

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I acknowledge that I must revoke this agreement in writing. This document is binding upon me and my heirs, children, wards, personal representatives and anyone else entitled on my behalf.

Children's names (first & last) and date of birth:

_____

_____

_____

Responsible Adult Printed Name: _____

Responsible Adult Signature: _____ Date: _____

Parent/Guardian Printed Name:_____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Contact Information
Cell Phone: _____
Email Address: _____

Form Received By (Staff use only):_____