

CLARE CHURCH OF THE NAZARENE
10160 Grant Ave
CLARE, MI 48617
989-386-3381

PARENT PERMISSION FORM FOR PARTICIPATION IN CENTERSHOT
ARCHERY CLASS AT CLARE CHURCH OF THE NAZARENE, CLARE, MI

I, We, the parents/guardians of the student named below, understand the nature of the archery activities being planned by Clare Church of the Nazarene, Clare, MI for calendar year 2026. We understand that transportation will not be provided. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise at any event and are not reasonably within the control of the supervising adults. We further agree to release and hold harmless the Clare Church of the Nazarene, their agents, officers and volunteers from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising adult to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising adult to take my child to the physician, dentist or hospital if an accident or serious illness occurs at an activity and I cannot be located.

In the event that a student must return to home independently for reasons of health, accident, failure to conform to rules, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

We also give the Church permission to use pictures for promotional materials and sites.

Student name (print) Parent or Guardian (signed) Date

Home Phone _____ Work phone _____ Cell Phone _____

Email _____