Raytown Schools Wellness Center
Parent's Permission Form

Today’s Date: __________

I, ________________________, give permission to __________________________ to bring my
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: ________________________________