

**Mason City Schools**

211 N. East Street  
Mason, OH 45040

**PARENT/STUDENT PERMISSION SLIP FOR  
2010 EXTRACURRICULAR AND SCHOOL CLUB ACTIVITIES**

Activity: Marching Band Trips  
Dates and Locations see below:

Student Name: \_\_\_\_\_

- |         |                          |          |                                    |
|---------|--------------------------|----------|------------------------------------|
| 8/7     | Tag Day                  | 9/3      | Centerville Football Game          |
| 9/11    | MSBA Competition – Kings | 9/12     | St. Susanna Festival               |
| 9/24    | Princeton Football Game  | 9/25     | MSBA Competition – Piqua           |
| 10/8    | Middletown Football Game | 10/9     | BOA Competition – Ypsilanti        |
| 10/22   | Hamilton Football Game   | 10/29-31 | BOA Competition – Atlanta          |
| 11/1-5  | Wall2Wall                | 11/6     | MSBA Competition – Kings           |
| 11/8-10 | Wall2Wall                | 11/11-13 | BOA Grand Nationals - Indianapolis |

This permission slip is for participation in the above referenced activities. These activities will be supervised by Mason City School's staff.

We, the undersigned do hereby give permission for our child to participate in the above stated activity. We do hereby assume full responsibility for any risk of bodily injury, personal injury or mental injury or death due to our child's participation in these activities and the necessary travel to and from any activity site. We also further herby assume full responsibility for all lost, stolen, or damaged personal property and will not hold the school or its employees responsible for said loss or damage to personal property.

The undersigned further release, waive, discharge and covenant not to sue the Mason City School District Board of Education, its individual members, its superintendent, principals, administrators, employees, agents or anyone acting on its behalf, from all liability, arising from or by reason of any bodily injury, personal injury or mental injury, known or unknown, including death, resulting from, or to result from our child's participation in field trips and co-curricular activities with Mason City School District.

We expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said student may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless, continue in full force and effect.

We further state that we have fully and carefully read the above release and know the contents of the same and sign this release as our own free act.

We further consent to emergency treatment by a physician in the event of injury to or illness of our child during his/her participation in such activities.

\_\_\_\_\_  
Date Signature of Parent/Guardian

\_\_\_\_\_  
Date Signature of Student

**PLEASE SIGN AND RETURN THIS FORM TO Mr. Bass, Mr. Ewing, or Mr. Jackson  
THIS FORM MUST BE RECEIVED AT BAND CAMP REGISTRATION**