

CONSENT, RELEASE AND WAIVER OF LIABILITY FORM
PLEASE READ COMPETELY AND CAREFULLY BEFORE SIGNING

I grant permission for my child or children (Please Print Clearly) _____ to participate in the New Manchester High School marching band program (band camp) at New Manchester High School in Douglasville, GA and other band activities, performances, programs, practices, auditions, and contests throughout the school year.

I understand that it is my responsibility to provide transportation of my child(ren) to and from New Manchester High School in a timely manner. I understand that in order to participate in Band Camp and other New Manchester High School Band programs, activities, practices, auditions and contests, my child(ren) must abide by the rules and codes of conduct established by New Manchester High School, the Band Director, New Manchester High School Band Boosters (Band Boosters), the Band staff and Band Booster chaperones. I understand that my child may be dismissed from Band Functions and/or the New Manchester High School Band programs for violation of these rules and codes of conduct including, but not limited to, verbal and physical aggression against students, staff, chaperones or other persons, failure to follow safety or program instructions, possession of weapons, illegal drugs or alcohol, and any other disruptive behavior. I understand and agree that my child's dismissal will be at the discretion of the Band Director and no refunds will be given.

I understand that participation in Band Camp and other Band related programs, performances activities, practices, auditions, and contests involves marching and other physical, recreational or sports activities. I grant permission for my child(ren) to be involved in these activities and give permission for my child to be transported by school bus, charter bus or private vehicle as necessary with proper permission forms signed prior to the event(s).

If any illness, injury or accident occurs which, in the sole judgment of the Band staff, band chaperones or Band Director, requires immediate medical attention, I give my consent to the Band Staff, Band Booster chaperones or Band Director to obtain such emergency treatment. I further consent to the signing of any releases by the Band Staff, Band Booster chaperones or Band Director which may be required by the medical care provider. I understand that I will be notified as soon as possible in the event of an emergency medical situation.

I further understand and agree that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury or accident is my responsibility only and not New Manchester High School, the Band Director, Band Staff, the New Manchester High School Band Boosters or its members individually, officers, agents, chaperones and volunteers as they are not obligated to pay for such medical care.

For the sole consideration of New Manchester High School and the New Manchester High School Band Boosters allowing my child(ren) to participate in Band Camp and other Band related programs, performances, activities, practices, auditions, and contests, I hereby release and forever discharge the Band Director, Band Staff, Band Boosters, its members individually and officers, agents, chaperones and volunteers from any and all claims, demands, rights and causes of action of any kind I may have arising from or in any way related to any personal injury, bodily injury or property damage resulting from or in any way related to my child's participation in the New Manchester High School Band programs including Band Camp and other related programs, performances, activities, practices, auditions or contests.

I further covenant and agree that for the consideration stated above, I will not sue New Manchester High School Band Boosters, its members individually, its officers, agents, chaperones or volunteers for any claim arising from or in any way related to my child's voluntary participation in Band Camp, New Manchester High School Band programs and other related programs, performances, activities, practices, auditions or contests.

I have reviewed this document and certify that I have read the above carefully before signing.

Dated _____

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian