

**ASSUMPTION OF RISK AND RELEASE
FOR ACTIVITIES ON PROPERTY OR IN CONJUNCTION
WITH THE SHELBY COUNTY BOARD OF EDUCATION**

In consideration of being permitted to participate in the band camp and all activities conducted by

CENTRAL HIGH SCHOOL BAND

I, _____ do hereby agree to assume all the risks and responsibilities thereto.

Further, I hereby represent to the Shelby County Schools that I am capable of participation in this activity and understand that participants must consult a physician prior to any participation.

And, I hereby recognize the risks of illness and injury inherent in any activity based program and I am participating upon the expressed agreement and understand that I do for myself, my heirs, and personal representatives agree to defend, hold harmless, indemnify, release, and forever discharge Shelby County Schools, its representative officers, Ollie Liddell, agents, representatives and employees from and against any and all rights, claims, demands, and actions or causes of actions – including attorney’s fees and court costs – on account of damage to personal property, personal injury or death which may result from any participation in the Central High School Band and/or associated activities.

By my signature below, I hereby confirm my understanding of this release statement holding Schools harmless and acknowledge that they do not carry health and accident insurance to cover participants of this program and that participants are encouraged to obtain full insurance coverage prior to participation in the Central High School Bands and/or associated activities.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THE CENTRAL HIGH SCHOOL BAND HANDBOOK. THE INFORMATION FURNISHED ON THIS FORM IS ACCURATE. I, THE UNDERSIGNED BEING THE PARENT, LEGAL NEXT OF KIN, OR LEGAL GUARDIAN, HEREBY AUTHORIZE ANY NECESSARY MEDICAL TREATMENT FOR THIS PERSON WHILE HE/SHE IS PARTICIPATING IN THE CENTRAL HIGH SCHOOL BAND AND ASSOCIATED ACTIVITIES. I ALSO GUARANTEE PAYMENT OF ALL CHARGES INCURRED DURING THIS. (PHYSICIAN, HOSPITAL, X-RAY, LAB, MEDICATION AMBULANCE, ETC) I UNDERSTAND THAT IN CASE MY CHILD SHOULD NEED TESTING OR SERIOUS MEDICAL ATTENTION THAT I, THE PARENT WILL BE CALLED IMMEDIATELY FOR GUIDANCE ON THE SITUATION. I ALSO UNDERSTAND THAT THE RULES HAVE BEEN SET FORTH BY THE BOARD OF EDUCATION, CENTRAL HIGH SCHOOL, AND OLLIE LIDDELL, THE DIRECTOR OF BANDS FOR THE BENEFIT OF ALL PARTICIPANTS. I UNDERSTAND THAT I RELEASE SHELBY COUNTY SCHOOLS, CENTRAL HIGH SCHOOL, OLLIE LIDDELL, JAYLON TAYLOR, ALL BAND STAFF MEMBERS, AND CHAPERONES FROM ANY KIND AND ALL LEGAL MATTERS CONCERNING MEDICAL OR DISCIPLINE.

PARTICIPANT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE (PARTICIPANT IF 18 OR OLDER):

DATE: _____