

Authorization and Release Form

Tate High School Band
1771 Tate Road
Cantonment, Fl 32533
Main Office 850-937-2300
Band Director 850-937-2320
Fax 850-937-2328

I/We, the undersigned, grant permission for _____ (the participant) to participate in the below described "activity" for the band year 6/1/18- 5/31/19.

I/We, on behalf of myself/ourselves, my/our heirs, executors, successors, and assigns, in consideration of permission for the participant to be involved in the below designated activity, do hereby release and agree to indemnify, defend, save and hold harmless the School Board of Escambia County, Florida, its agents, servants, employees, and successors, from any and all responsibility and liability arising out of the participant involvement, directly or indirectly, in Tate High School Band (the "activity") and from the administering of or the obtaining of and consenting to first aid and medical care. We are fully aware of the hazards and dangers of participating in the "activity" and assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to the participant or our property resulting from such participation. In the absence of one of the participant's parents or guardians, we hereby authorize the School Board of Escambia County, Florida, its agent, servant, or employees to administer first aid and to obtain and consent on behalf of the participant and participant's parents or guardians, any emergency first aid or medical care by any physician, hospital or attendant which may be needed by the participant as a result of involvement in the "activity". We agree to abide and be bound by such decisions and consents as if made by us and do assume full financial responsibility for and agree to pay all expenses of such care. We understand that it is our responsibility to secure adequate insurance for such first aid and medical care.

We understand that under present Florida law, if my child is riding in a private passenger automobile, which is involved in an accident, he/she will be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bill incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal Injury protection, I understand that I have assumed that deductible amount when I purchase the policy.

I have read and agree to comply with the "Medication protocol at School: Parent's Responsibilities", "General Medication Rules" and the "General Health Statement" for the school year 2016-2017. By my signature below, I acknowledge the above and have received the "Notice of Privacy Practices" contained in the Student Rights and Responsibilities Handbook".

Date

Parent or Guardian Signature

Parent or Guardian Signature

STATE OF FLORIDA
COUNTY OF _____ SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ Day Of _____ 20 _____

BY _____
PARENT OR GUARDIAN PRINTED NAME

SIGNATURE OF NOTARY TYPED, PRINTED OR STAMPED

NOTARY SEAL

NAME OF NOTARY TYPED, PRINTED OR STAMP ED
____ PERSONALLY KNOW (OR) _____ PRODUCED IDENTIFICATION TYPE OF ID PRODUCED _____