PINELLAS COUNTY SCHOOLS

CONSENT AND RELEASE FROM LIABILITY FOR MINOR CHILD

This completed form must be kept on file by the school. The form is valid for 365 calendar days from the date of the most recent signature.

I am the parent or legal guardian of the minor child designated below (hereinafter "Child" or "Student"). I know of and acknowledge that there are risks involved in participating in the marching band and related activities and understand that serious injury is possible in such participation. I have explained the risks of participation in the marching band to the Student. I choose to accept any and all responsibility for the Student's safety and welfare while participating in the marching band. With full understanding of the risks involved, I release and hold harmless my child's school, the schools against which it competes, the School Board of Pinellas County and each of their agents and representatives including the contest officials, of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against them because of any accident or mishap involving the Student's participation. In the event a parent is unable to be reached after reasonable attempt to notify, as designated in Florida Statute, I authorize emergency medical treatment for the Student should the need arise for such treatment while the Student is under the supervision of the school. I further hereby authorize the use or disclosure of the Student's individually identifiable health information should treatment for illness or injury become necessary.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE CHILD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL BOARD OF PINELLAS COUNTY OR THE CONTEST OFFICIALS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE SCHOOL, THE SCHOOL BOARD OF PINELLAS COUNTY, SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES AND THE CONTEST OFFICIALS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM AND THE SCHOOL HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. YOU UNDERSTAND THAT THE AUTHORIZATIONS AND RIGHTS GRANTED HEREIN ARE VOLUNTARY AND THAT YOU MAY REVOKE THEM AT ANY TIME BY SUBMITTING A REVOCATION IN WRITING TO THE BAND DIRECTOR OR SCHOOL PRINCIPAL. BY DOING SO, YOU UNDERSTAND THAT YOUR MINOR CHILD WILL NO LONGER BE ELIGIBLE FOR PARTICIPATION IN MARCHING BAND.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

_____

Name of Parent/Guardian (printed)

_____ _____/_____/_____

Signature of Parent/Guardian Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by

_____, _____ personally, know to me or ____ produced identification

_____ (type of identification).

(Seal)

_____

Notary Public – Signature