

**DAVENPORT CENTRAL HIGH SCHOOL BANDS &
DAVENPORT CENTRAL BAND-ORCHESTRA PARENT ASSOC.
PARENT/GUARDIAN RELEASE 2010/2011**

Student (please print): _____

I/We the undersigned have legal custody of the student named above, a minor, and hereby give our consent for him/her to be involved in events and matters being organized by Davenport Central High School and Davenport Central Band and Orchestra Parents. I/We give permission for the student listed above to participate in all events, trips and performances for the 2010/2011 School year. Responsibility for the actions of the above named student is assumed by his/her parent(s) or guardian(s) listed below.

The above named student has our permission to travel on any and all private, public, or commercial vehicles for the duration of all trips. During trips, violations of law, curfew, departure times, and/or fundamental rules can: create an early end to a participant's trip, 24-hr chaperone supervision, reassignment of the student to be a chaperon's roommate, missed privileges, relinquishment of free-time privileges, release into the safety/care of local authorities, or, all of the above. Placing the safety of her/him or other participants in jeopardy will also create an early end. The decision to administer consequences or to end a participant's trip early will rest with the professional educators or chaperones accompanying the trip. Full cost of returning a student will be assumed by the parent/guardian with no refunds (a parent – student discussion needs to occur prior to departure). In the event that the above named student requires medical treatment, I/we hereby authorize any one of Davenport Central High School staff, including specifically Timothy Hatcher or Alexander Wilga and the event chaperones to act on our behalf *in loco parentis* to secure any medical attention / treatment deemed necessary. I/We consent to any reasonable medical treatment as deemed necessary, and acknowledge that I/we will be primarily responsible for the cost of any medical care, regardless of whether the care is reimbursed by a health insurance provider. Further, I/we affirm that the health insurance and student medical information provided on the back of this Release is accurate at this date and will, to the best of my/our knowledge, still be accurate at the time of trip.

In consideration of accepting the above student into this program, I/we, in our own capacity and on behalf of the student listed above, to the fullest extent allowed by law, hereby release, acquit, hold harmless, covenant not to sue, covenant not to make a complaint or claim to any third party and forever discharge the Davenport Central Band Staff and Davenport Central Band and Orchestra Parents, and each and every one of its officers, directors, agents, chaperones, volunteers and affiliated educators ("Released Parties"), from any and all claims, demands, damages, injuries, actions, causes of action, liability, and suits of any kind or nature whatsoever, that I/we, the student or anyone may have, or claim to have, against the Released Parties, derived from, related to, arising out of, or in any manner connected with the student's participation in any of the programs and events, whether such programs or events occur during the school day or outside the school day, and whether they occur on school property or off school property.

I/We have read this Release, understand its terms, and freely and voluntarily sign this in our own individual capacities and each/both of us on behalf of the student. Each provision of this Release is declared severable, and if any provision is held invalid the invalidity shall not affect other provisions of this Release. The language of this Release shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against any party.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Student Name _____

Parent/Guardian Names(s): _____

Address: _____

Parent Phone Numbers

Home: _____

Cell: _____

Work: _____

Emergency Contact (if not parent): _____

Emergency Contact Relationship _____

Emergency Contact Phone Numbers

Home: _____

Cell: _____

Work: _____

Student Birth date _____

Medical Insurance Company _____

Medical Policy # and information: _____

Medical History: Describe in detail the nature and severity of any illness, disability, or condition to which your child is subject, and of which we should be aware, and what, if any, action of protection is recommended. Include names and dosages of medications taken and those necessary to be taken on the trip. List any known allergies. Use more space if necessary.

Pertinent Medical History _____

