

PLEASE NOTE: SIGNATURE REQUIRED IN 3 PLACES

MARK TWAIN BANDS

STUDENT NAME _____

HOME ADDRESS _____

(Including city, zip)

PARENT/GUARDIAN NAME HOME PHONE WORK PHONE CELL PHONE EMAIL ADDRESS

PARENT/GUARDIAN NAME HOME PHONE WORK PHONE CELL PHONE EMAIL ADDRESS

PERSON TO BE CALLED IN CASE OF EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED.

NAME AND RELATIONSHIP

PHONE

TRANSPORTATION RELEASE

In order for my child, a minor, to take part in, and receive the advantages of Silverton Band, I am giving my permission for my student to participate and travel with the organization. I understand that an itinerary will be published prior to each travel date and that the mode of transportation will include Silverton School District transportation and may include parent/student carpools.

X _____
Parent/Guardian Signature Date

RELEASE OF LIABILITY AND HOLD HARMLESS

As a parent, I understand and agree that participation in this activity, which is physical in nature, has its' natural risks. I agree to defend, release from liability and hold harmless the school district, chaperones, employees and volunteers along with the destinations for camps and competitions from any and all claims and liabilities arising out of participation in this activity, except those which result from sole negligence of the district.

X _____
Parent/Guardian Signature Date

PHOTO RELEASE FORM

I hereby grant permission to the Silverton Band to use photos taken at rehearsals, competitions, and performances in its printed materials without further consideration. I understand that my student may be in one of those photos and I acknowledge their right to crop or treat the photograph at its discretion. I understand that pictures placed on a web page will be accessible to anyone with Internet access and may be used in instructional settings. I also understand that **NO** names are posted with these photos on the website.

Completion of this form constitutes the release of all rights to photographic images taken of the participant. This release is to discharge any and all claims and demands arising out of or in connections with the use of photographs/video images which are taken. I am of full age (18 years) and have the right to contract in my own name or for the minor named below. I have read this release and fully understand the contents. This release shall be binding upon me and my heirs and legal representatives.

Student Name (printed): _____

Parent/Guardian (printed)

X _____
Parent/Guardian Signature Date