

AUTHORIZATION AND CONSENT FOR MINORS

STUDENT'S NAME _____

In consideration of the benefit to be derived, and in view of the fact that the THOMPSON HIGH SCHOOL BAND is an educational institution, membership in which is voluntary and having full confidence that every precaution will be taken to insure the safety and well being of my son/daughter in activities conducted by the THOMPSON HIGH SCHOOL BAND, I hereby agree to his/her participation in such activities, and waive all claims against the volunteer leaders of the THOMPSON HIGH SCHOOL BAND and officers, agents and representatives of the THOMPSON HIGH SCHOOL BAND.

I hereby authorize the volunteer leaders of the THOMPSON HIGH SCHOOL BAND or such representatives of the THOMPSON HIGH SCHOOL BAND as my agent, to consent to such medical or dental examination and treatment and emergency transportation as may be necessary as a result of illness or injury to:

_____ (Student name)

which might occur while he/she is participating in a THOMPSON HIGH SCHOOL BAND activity. I further agree to assume responsibility for all expenses incurred as a result of such treatment and shall indemnify the volunteer leaders of the THOMPSON HIGH SCHOOL BAND for any expense they might incur as a result of such illness or injury.

Parent or Guardian Signature

Street Address

City, State, Zip

Home Phone Office Phone

State of Alabama, _____ County
Sworn to and subscribed before me
By _____
This _____ day of _____, 20 _____
A Notary Public
My Commission Expires _____