

PINELLAS COUNTY SCHOOLS
CONSENT AND RELEASE FROM LIABILITY
(BY STUDENT 18 YEARS OR OLDER)

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 a student and have attained the age of 18 (hereinafter "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 choose to accept any and all responsibility for my safety and welfare while participating in the marching band. With full understanding of the risks involved, I release and hold harmless my 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 my participation. I authorize emergency medical treatment should the need arise for such treatment while under the supervision of the school. I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE 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 YOU 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 RIGHT TO RECOVER FROM THE SCHOOL, THE SCHOOL BOARD OF PINELLAS COUNTY, THE SCHOOLS AGAINST WHICH IT COMPETES AND THE CONTEST OFFICIALS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, 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 YOU PARTICIPATE IN MARCHING BAND 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 YOU WILL NO LONGER BE ELIGIBLE FOR PARTICIPATION IN MARCHING BAND.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Signature

Date _____

ACKNOWLEDGEMENT BY PARENT/GUARDIAN

I UNDERTAND THAT MY CHILD IS PARTICIPATING IN MARCHING BAND WHICH IS A POTENTIALLY DANGEROUS ACTIVITY. I ARE AGREE THAT EVEN IF THE 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 THAT MY 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, I AM GIVING UP ANY RIGHT THAT I MAY HAVE TO

RECOVER FROM THE SCHOOL, THE SCHOOL BOARD OF PINELLAS COUNTY, THE SCHOOLS AGAINST WHICH IT COMPETES AND THE CONTEST OFFICIALS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO MY CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Signature

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