

Consent and Release from Liability Certificate

I know of the risks involved in participation in indoor and outdoor physical activities such as traveling to and from Alpharetta High School Band activities, personal involvement in such activities, including practices, running, swimming and other forms of physical activities and exertion, and the possible presence of insects, reptiles and other wildlife. I understand that serious injury, illness, and even death, are possible in such participation, and choose to accept such risks. I further state there is no medical condition that I have that would prevent me, or increase my risks, from participating in these activities. I voluntarily accept any and all responsibility for my own safety and welfare while participating in these activities, with full understanding of the risks involved. If I have specific conditions, such as heightened sensitivity to insect bites or asthma, I shall be responsible for bringing appropriate medication (the handling of which shall be pursuant to Fulton County School guidelines). Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I release and hold harmless Alpharetta High School and its governing organizations, the Alpharetta High School Band Boosters, Inc., and those teachers, administrators and parents involved in sponsoring, supervising, chaperoning or otherwise assisting in such activities of any and all responsibility or liability to me or my personal representatives, estate, heirs, next of kin, and assigns for any injury or claim resulting from such participation, whether caused by negligence or otherwise, and agree to take no legal action against any of them because of any accident or mishap involving my participation in any of such activities. I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that this authorization regarding health information is voluntary and that I may revoke it at any time by submitting the revocation in writing to my school. Furthermore, I grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand specifically that these activities will include:

- Travel to and from Rock Eagle Camp for summer marching band camp
- Participation in summer marching band camp, including: **physical activities, including but not limited to swimming at Rock Eagle (pool and/or lake facilities), calastinics, physical exercise, marching practices**
- Travel to and from football games and other venues to participate in performances of the band

I/WE HAVE READ THIS CAREFULLY, HAVE FULLY INFORMED MYSELF OF ITS CONTENTS, UNDERSTAND ITS INTENT, AND KNOW IT CONTAINS A RELEASE. I assume responsibility for my physical condition and capability to perform these activities.

Date: _____ Student name (printed): _____

Student Signature: _____

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for child/ward to participate in the foregoing activities. I further state there is no medical condition that my child has that would prevent him/her from, or increase his/her risks in, participating in these activities.

B. *I understand that activities at Rock Eagle will include swimming activities.*

My child/ward IS _____ IS NOT _____ permitted to participate in swimming activities.

Parent/Guardian Initials: _____ Parent/Guardian Initials: _____

C. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/we understand that this authorization is voluntary and that I/we may revoke it at any time by submitting the revocation in writing to my child's/ward's school.

D. I/we know of and acknowledge that my child/ward knows of the risks involved in participation in such travel and indoor and outdoor physical activities, including swimming; and I/we understand and acknowledge that my child/ward knows that serious injury, illness, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in activities. With full understanding of the risks involved, I/we release and hold Alpharetta High School and its governing organizations, the Alpharetta High School Band Boosters, Inc., and those teachers, administrators and parents involved in sponsoring, supervising, chaperoning or otherwise assisting in such activities of any and all responsibility and liability to me or my personal representatives, estate, heirs, next of kin, and assigns for any injury or claim resulting from such participation and agree to take no legal action against any of them because of any accident or mishap involving the participation of my child/ward, whether caused by negligence or otherwise. I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. Furthermore, I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

I/WE HAVE READ THIS CAREFULLY, HAVE FULLY INFORMED MYSELF OF ITS CONTENTS, UNDERSTAND ITS INTENT, AND KNOW IT CONTAINS A RELEASE. I assume responsibility for my child's physical condition and capability to perform these activities.

Date: _____ Parent/Guardian name (printed): _____

Parent/Guardian Signature: _____

Date: _____ Parent/Guardian name (printed): _____

Parent/Guardian Signature: _____