

ASSUMPTION OF RISK AND RELEASE
FOR ACTIVITIES ON PROPERTY OR IN CONJUNCTION
WITH THE MEMPHIS CITY BOARD OF EDUCATION

In consideration of being permitted to participate in the recreation, athletic, cheerleading, dance program, clinic, or band camp conducted by:

CORDOVA HIGH SCHOOL BAND:

I, _____ do hereby agree to assume all the risks and responsibilities thereto.

Further, I hereby represent to the Memphis City Schools that I am capable of participation in this activity and understand that participants must consult a physician prior to any participation.

And, I hereby recognize the risks of illness and injury inherent in any activity based program, and I am participating upon the express agreement and understand that I do for myself, my heirs, and personal representatives agree to defend, hold harmless, indemnify, release, and forever discharge Memphis City Schools, its respective officers, agents, representatives and employees from and against any and all rights claims, demands, and actions or causes of action – including attorney’s fees and court costs – on account of damage to personal property, personal injury, or death which may result from my participation in the recreation, athletic, cheerleading, dance program, clinic, or camp.

By my signature below, I hereby confirm my understanding of this release statement holding Schools harmless, and acknowledge that they do not carry health and accident insurance to cover participants of this program and that participants are encouraged to obtain full insurance coverage prior to participation in the recreation, athletic, cheerleading, dance program, clinic, or camp.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THE ATTACHED RULES AND REGULATIONS AND THE EQUIPMENT LIST. THE INFORMATION FURNISHED ON THIS FORM IS ACCURATE. I, THE UNDERSIGNED, BEING THE PARENT, LEGAL NEXT OF KIN, OR LEGAL GUARDIAN, HEREBY AUTHORIZE ANY NECESSARY MEDICAL TREATMENT FOR THIS PERSON WHILE HE/SHE IS PARTICIPATING IN THE CORDOVA BAND CAMP. I ALSO GUARANTEE PAYMENT OF ALL CHARGES INCURRED DURING THIS MEDICAL TREATMENT (PHYSICIAN, HOSPITAL, XRAY, LAB, MEDICATION, AMBULANCE, ETC) I UNDERSTAND THAT IN CASE MY CHILD SHOULD NEED TESTING OR SERIOUS MEDICAL ATTENTION, THAT I, THE PARENT WILL BE CALLED IMMEDIATELY FOR GUIDANCE ON THE SITUATION. I ALSO UNDERSTAND THAT THE RULES HAVE BEEN SET FORTH BY THE BOARD OF EDUCATION, CORDOVA HIGH SCHOOL, AND MS KIMBERLY HASS, THE DIRECTOR, FOR THE BENEFIT OF ALL PARTICIPANTS. I UNDERSTAND THAT I RELEASE MEMPHIS CITY SCHOOLS, CORDOVA HIGH SCHOOL, MS. KIMBERLY HASS, ALL BAND STAFF MEMBERS, AND ALL BAND CAMP CHAPERONES FROM ANY KIND AND ALL LEGAL MATTERS CONCERNING MEDICAL OR DISCIPLINE.

PARTICIPANTS SIGNATURE _____

DATE: _____

PARENT GUARDIAN SIGNATURE (IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

DATE: _____