

ABC Unified School District

CONSENT TO PARTICIPATE IN NON-DISTRICT-SPONSORED ACTIVITY VOLUNTARY PARTICIPATION and ASSUMPTION OF RISK

Name of Sponsoring Organization: Gahr High School Instrumental Music Contact Person: Mr. Darren Loney
Type of Activity: Marching Band Location: All locations for the 2018-19 school year
Activity will be held on: <u> TBA </u> From: <u> TBA </u> To: <u> TBA </u>

Participation in the above activity is voluntary and is not required as a part of the regular school program and is not a part of District curriculum. No supervision is provided by the District and no employees will be participating in their capacity as School-District employees. No District coverage for medical treatment or liability is provided in connection with this activity.

I hereby give my permission for _____ to participate in the above-described activity. **I UNDERSTAND THIS IS NOT A DISTRICT-SPONSORED ACTIVITY.** I hereby release and discharge the ABC Unified School District from all liability arising out of or in connection with the above-described activity.

In the event of an accident or sudden illness, the sponsor has my permission to render whatever emergency medical treatment may be deemed necessary for the above-named student, and I realize that it is my responsibility as a parent/guardian to furnish emergency treatment information to the activity sponsor.

Signature of Parent or Guardian	Date
Signature of Student	Date

It is recommended that name of your medical insurance company and policy of identification number be provided as this data may facilitate medical care in case of an accident.

_____ **Medical Insurance Company**

_____ **Identification Number**

ABC Unified School District
 Risk Management Department
 RM-7807

_____ **Emergency Contact Number**