

**PARENTAL/GUARDIAN CONSENT TO PARTICIPATE
AND RELEASE FROM LIABILITY**

I hereby give my consent for my child, as a Collier County School District (“the District”) high school student, to participate in District music performance assessments, extracurricular, or co-curricular music activities (including marching band, color guard, drum line, and so on). I and my child have reviewed the Florida School Music Association (FSMA) Rules and Regulations pertaining to eligibility (available at www.flmusiced.org under FSMA Rules and Regulations). I and my child recognize that he/she must follow all District policies, rules, and procedures, including the Code of Student Conduct.

In providing consent, I am aware of the risks involved in such participation. We both understand that injury, including the potential for a concussion head-related illness, of any other injurious events, is possible in such participation, and choose to accept the risks involved. I voluntarily accept any and all responsibility for my child’s safety and welfare while participating in these activities, with full understanding of the risks involved. Accordingly, I hereby release and hold harmless the District School Board, its employees and agents, the adjudicators of the sanctioned event from any and all responsibility and liability for any injury or claim arising from such participation and agree to take no legal action against the District because of any accident or mishap involving my child’s participation.

In this regard, I authorize the District to review all academic records relevant to my eligibility including, but not limited to, my records relating to enrollment and attendance, age, discipline, finances, residence, and physical fitness. I also authorize the use or disclosure of all health information relating to my child should treatment for illness or injury become necessary. This shall include emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the District with respect to participating in the activities noted above. Finally, if I have knowledge about the risk of continuing to participate if such an injury is sustained without proper medical clearance, I will inform the District accordingly, as well as, of any other underlying medical condition of which I am aware.

Name of Parent/Guardian (Printed)
Date: _____

Signature of Parent/Guardian

Name of Student (Printed)
Date: _____

Signature of Student