

Part 1: PERMISSION FORM FOR CHS MARCHING BAND EVENTS

I am the parent or legal guardian of _____ (please print the full legal name of student) and, by signing below, I give my consent and permission for my child to attend all 2025-2026 season CHAMBLEE HIGH SCHOOL Marching Band events (Band Camp, Rehearsals, Football Games, Competitions, and/or related events to be announced).

I understand that during these activities my child will be subject to the policies, rules, and regulations of CHAMBLEE HIGH SCHOOL and the DeKalb County School District. I have read and fully understand the contents of this form.

My contact information is as follows:

Parent/Guardian 1

First Name: _____ Last Name: _____

Home Address _____ City _____ Zip _____

Email* _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Parent/Guardian 2

First Name: _____ Last Name: _____

Home Address _____ City _____ Zip _____

Email* _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Emergency Contact: *(authorized to provide consent if parents/guardians are not available)*

First Name: _____ Last Name: _____

Home Address _____

Email* _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Relationship to Student: _____

The below parents/legal guardians, by signing below, provide permission as stated above:

Parent Guardian 1 Signature: _____ Date _____

Parent Guardian 2 Signature: _____ Date _____

Part 2: MEDICAL AUTHORIZATION FORM FOR CHS MARCHING BAND EVENTS

Student name as it appears on Birth Certificate (Please print clearly):

First Name _____ Middle Name _____

Last Name _____ Preferred First Name _____

Date of Birth _____

Home Address _____ City _____ Zip _____

Medical Insurance *(Please provide copies of insurance cards and make sure your student has a copy.)*

Insurance Company _____

Policy Number _____ Expiration Date _____

Contract/ID Number _____ Group Number _____

Primary Policy Holder _____ Relationship to Student _____

Insurance Company Phone Number _____

Supplementary Travel Medical Insurance (if applicable)

Insurance Company _____

Policy Number _____ Expiration Date _____

Insurance Company Phone Number _____

Health Information

Physical Problems or Limitations _____

Current Medication(s) _____

Allergies (Food, Drugs, Other) _____

Medical Authorization

As parent/guardian, I recognize that medical treatment, on an emergency basis, may be necessary at a time when the undersigned student is participating in marching band practices and/or band day camp, events and football games, and the undersigned parents/guardians, as well as the emergency contact provided by the parents/guardians, are not available to give consent in advance of such emergency care.

In the event that I/we, the below parent(s)/guardian(s) cannot be reached to give my/our consent, I/we the undersigned parent(s)/guardian(s) of the above named student hereby authorize the chaperones of this trip, or any other person serving in a supervisory capacity, to secure any and all medical and/or dental treatment including but not limited to, calling paramedics, consenting to x-rays, CT scans, MRI scans, other diagnostic testing, blood work, physical examinations, anesthesia, surgery, dental procedures or other medical and/or dental treatment or hospital care which, in the best judgment of a licensed physician or dentist, is deemed reasonable and necessary for the health and well-being of the above named student.

The undersigned parent/guardian agrees to assume the financial responsibility, and to indemnify the chaperones, for any and all expenses incurred as a result of said medical and/or dental treatment. In addition, the undersigned parent/guardian agrees to maintain insurance covering accidental injury, dismemberment, and/or death of the undersigned student.

The below parents/legal guardians, by signing below, provide Medical Authorization as stated above.

Parent Guardian 1 Signature: _____ Date _____

Parent Guardian 2 Signature: _____ Date _____

Part 3: ACKNOWLEDGEMENT OF RISK AND LIABILITY WAIVER AGREEMENT

_____(Print legal name of student), (hereinafter referred to as the "student") and the parent(s) or guardian(s) of student, (hereinafter jointly referred to as "the undersigned"), agree to the following understandings:

1. For and in consideration of the mutual benefits herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned agree to release, hold harmless, defend and indemnify CHAMBLEE HIGH SCHOOL, DeKalb County Board of Education and DeKalb County School District, its members, officials, officers, agents and assigns, and employees, as well as lay coaches and chaperones (hereinafter jointly referred to as the "Released Parties") from and against any and all claims, demands, rights, loss, damages of every kind and description (including, but not limited to, court costs, investigative expenses, and attorneys' fees, liabilities, suits, legal or administrative proceedings, action and causes of action arising out of, or in connection with, acts of individual terrorists or terrorist organizations, the personal injury, illness, death and/or property damage or breach of contract resulting to the student and/or undersigned, caused by the acts or omissions of the Released Parties while participating in Marching Band day camp, rehearsals, football games, and events (referred to as "events" in this document).
2. The undersigned agree further to release, indemnify, defend and hold harmless the Released Parties from any and all claims, demands, rights, liabilities and causes of action inuring to the undersigned and/or the student and resulting from events over which the Released Parties exercise no control, such as Acts of God, strikes or government restrictions. The undersigned agree further to indemnify, defend and hold harmless the Released Parties from any and all claims, demands, rights, liabilities and causes of action arising out of personal injury and/or property damage that the student either causes or contributes to while participating in events and/or from any financial obligations which the student may incur during these events. The undersigned agree further to release, indemnify, defend and hold harmless the Released Parties from any and all claims, demands, rights, liabilities and causes of action of any nature or kind, brought by, or on behalf of, the student directly against the Released Parties for any acts or omissions of the Released Parties in connection with events.
3. The undersigned acknowledge and agree that the Released Parties have the right and discretion to make changes to the events to ensure the health, safety, comfort, positive experience and/or convenience of participants in the events, whenever, in the sole judgment of the designated chaperones, such changes are deemed reasonable and necessary. The undersigned further acknowledge and agree that any designated chaperones have the right and discretion to refuse to accept or retain at the event, any student or person associated with the event, either prior to departure, or during the course of the event, who has not submitted his or her required documentation or signed forms.
4. The undersigned hereby unconditionally and unequivocally waive any and all claims and demands for injury, damages, losses and expenses of any nature whatsoever on account of or arising from the undersigned's and student's participation in events. The undersigned also understand that the event may be a physically demanding excursion for the student and the undersigned knowingly assume the risks of such an excursion, which include but are not limited to bodily injury, death, emotional trauma and property damage.
5. The undersigned agree and acknowledge that no responsibility is assumed by the Released Parties for the loss of identification or other documents or personal property, or damage to luggage or any personal belongings of the student or the undersigned.
6. It is understood that medical health insurance coverage for the student that is applicable in DEKALB COUNTY, GEORGIA is the responsibility of the undersigned, who expressly accept financial responsibility for any and all medical and/or dental care the student requires during the events. The undersigned agree to provide any designated chaperone with proof of medical health insurance coverage and a completed and signed Medical Authorization form and assure the designated chaperone that there are no known health related reasons or problems that would preclude or restrict the student's participation in the events.
7. The undersigned acknowledge and agree that if the student becomes ill or incapacitated during any of the events, then any designated chaperone, in their sole discretion, may take such actions as are reasonable and necessary for the student's safety and well-being, including securing medical and/or dental treatment and arranging for the transportation of the student to the student's home. The undersigned agree to release, defend, hold harmless, and indemnify the Released Parties from any liability for such action as may be taken on the student's behalf. Moreover, the undersigned understand and agree that the Released Parties shall be released and discharged from any claims associated with any and all decisions to cancel, modify or delay the events as a result of unforeseeable events that are beyond the reasonable control of the Released Parties.
8. In further consideration for each chaperone's agreement to act as a chaperone for the events, the undersigned

hereby agree to release, defend, hold harmless and indemnify the Released Parties and their successors, heirs, executors and administrators from any and all liability caused by the acts or omissions of the Released Parties, and do hereby for the undersigned and the undersigned's heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages as a result of said acts or omissions, which the undersigned or the student may have or which may hereafter accrue arising out of or in connection with acts or omissions of the chaperones on the events.

9. The undersigned acknowledge that the events are organized, sanctioned and sponsored by CHAMBLEE HIGH SCHOOL BAND and is not organized or sponsored by CHAMBLEE HIGH SCHOOL or DeKalb County School District.
10. The undersigned acknowledge and agree that any designated chaperone will not supervise the student at all times during the events. The undersigned acknowledge and agree that the Released Parties shall under no circumstances be responsible or liable for the student's personal injury, illness, death and/or property damage that takes place when the student is outside the presence of any chaperone, and the undersigned agree to release, defend, indemnify and hold harmless the Released Parties for any and all such claims including, but not limited to, claims brought directly by the student.
11. In addition, the undersigned agree and acknowledge that it is their intention fully to assume all of the risks of travel and participation in the events and to release the Released Parties from any and all liabilities to the maximum extent permitted by law. If this agreement is also signed by a student who is 18 years of age or over, then that student is making a similar release and assumption of risk. The undersigned agree that the Released Parties are not liable for any claims associated with the student's inability to exit or re-enter the United States.
12. This agreement will be governed by the laws of the State of Georgia. The undersigned hereby declare myself to be physically and mentally sound, and capable of entering into this agreement.
13. The undersigned represent that their agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, they have the right to consult with the attorney of their choice.
14. The undersigned agree that a copy or scanned version of this executed agreement shall be as good as the original and operate for all purposes as the original.

The below parents/legal guardians, by signing below, provide Medical Authorization as stated above.

Parent Guardian 1 Signature: _____ Date _____

Parent Guardian 2 Signature: _____ Date _____

If the student is 18 years of age or older, then he/she must also sign this agreement indicating that he/she agrees to and accepts the terms and conditions of this agreement.

Student Signature: _____ Date _____

Part 4: STUDENT BEHAVIOR CONTRACT FOR CHS MARCHING BAND EVENTS

As a participant at Marching Band Events, it is your responsibility to help make CHAMBLEE HIGH SCHOOL's experience a positive and enjoyable experience for yourself, fellow students, chaperones, and any and all other persons with whom you come into contact during the events. All participants are expected to demonstrate high standards of conduct and to accept personal responsibility and consequences for their actions.

We expect each student to comply with the following rules of behavior at all times:

1. The Student shall respect and follow the directions of all chaperones, and any other adult associated with the activities at events.
2. The Student shall not be involved in any way with smoking, alcohol, drugs, vandalism, theft, horse play or any other type of behavior that is judged by the chaperones to be detrimental to the health, well-being, safety, or reputation of the Student or anyone else involved with the events.
3. The Student is expected to obey all rules and safety precautions established by chaperones, during the travel and group activities.
4. Students will participate in all daily activities as determined by the chaperones.
5. The student shall comply with any and all rules and regulations of the various governmental and commercial agencies associated with events and not engage in any illegal activity.
6. Band Camp, July 25-29, 2022, will take place from 8:00am to 8:00pm. Band members are expected to stay at band camp for the entire duration each day, and are not allowed to leave in their car or any motorized means of transportation during camp hours, unless express permission has been given by Ms. Marin.
7. Mature, courteous, thoughtful behavior and conduct of the highest quality is expected at all times.
8. Good common sense, respect and consideration for others and their property is expected and must be practiced.
9. Use or possession of drugs or illegal narcotics will result in the student's immediate return to Georgia. In the case of arrest (for the above), the student becomes the total responsibility of the student's parents.
10. If the student should violate any of these rules, he/she may be sent home at the sole discretion of the chaperones. In such cases, the parent/guardian will be contacted and the student will be sent home at the parent's expense.

STUDENT SIGNATURE:

I have read, and I understand the behavior rules and regulations stated above. In consideration for being allowed to attend events, I agree to comply with all of the above rules and to accept the consequences as a result of my actions if I do not comply.

Student Signature: _____ Date _____

PARENT/GUARDIAN SIGNATURE:

I have read and understand the rules and regulations stated above and explained the same to my child. I agree that my child will attend events based on the conditions stated above.

Parent Guardian Signature: _____ Date _____

Complete this section if parent anticipates being a chaperone at any time during the season.

Part 5: NON-EMPLOYEE CHAPERONE ACKNOWLEDGEMENT OF RISK AND LIABILITY WAIVER AGREEMENT

_____, (hereinafter referred to as "the undersigned"), agree to the following understandings:

1. For and in consideration of the mutual benefits herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned agree to release, hold harmless, defend and indemnify CHAMBLEE HIGH SCHOOL, DeKalb County Board of Education and DeKalb County School District, its members, officials, officers, agents and assigns, and employees (hereinafter jointly referred to as the "Released Parties") from and against any and all claims, demands, rights, loss, damages of every kind and description (including, but not limited to, court costs, investigative expenses, and attorneys' fees, liabilities, suits, legal or administrative proceedings, action and causes of action arising out of, or in connection with, acts of individual terrorists or terrorist organizations, the personal injury, illness, death and/or property damage or breach of contract resulting to the undersigned, caused by the acts or omissions of the Released Parties while I am acting as a chaperone with the Chamblee High School Marching Band (hereinafter "events"). The undersigned agree further to release, indemnify, defend and hold harmless the Released Parties from any and all claims, demands, rights, liabilities and causes of action inuring to the undersigned resulting from events over which the Released Parties exercise no control, such as Acts of God, strikes or government restrictions. The undersigned agree further to indemnify, defend and hold harmless the Released Parties from any and all claims, demands, rights, liabilities and causes of action arising out of personal injury and/or property damage that the chaperone or coach either causes or contributes to while participating in the Trip and/or from any financial obligations which the undersigned may incur on the Trip. The undersigned agree further to release, indemnify, defend and hold harmless the Released Parties from any and all claims, demands, rights, liabilities and causes of action of any nature or kind, brought by, or on behalf of, the coach or chaperone directly against the Released Parties for any acts or omissions of the Released Parties in connection with the Trip.
2. The undersigned agree and acknowledge that no responsibility is assumed by the Released Parties for the loss of personal property or damage to luggage or any personal belongings of the undersigned.
3. It is understood that medical health insurance coverage for the chaperone that is applicable in DEKALB COUNTY, GEORGIA, is the responsibility of the undersigned, who expressly accept financial responsibility for any and all medical and/or dental care chaperone requires during the events. The undersigned agree to provide the Released Parties with proof of medical health insurance coverage and a Medical Authorization form and assure the Released Parties that there are no known health related reasons or problems that would preclude or restrict the chaperone's participation in the events.
4. In further consideration for the Released Parties' agreement to allow you to act as a chaperone for the events, the undersigned hereby agree to release, defend, hold harmless and indemnify the Released Parties and their successors, heirs, executors and administrators from any and all liability caused by the acts or omissions of the Release Parties, and do hereby for the undersigned and the undersigned's heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages as a result of said acts or omissions, which the undersigned may have or which may hereafter accrue arising out of or in connection with the events.
5. The undersigned acknowledge that the events are organized, sanctioned and sponsored by CHS BAND, and not or in any way organized or sponsored by CHAMBLEE HIGH SCHOOL or by DeKalb County School District.
6. This agreement will be governed by the laws of the State of Georgia. The undersigned hereby declare myself to be physically and mentally sound, and capable of entering into this agreement.
7. The undersigned represent that their agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, they have the right to consult with the attorney of their choice and have so exercised that right if so desired.

Chaperone Name: _____

Best Phone Number: _____

Signature: _____ Date _____