Community High School Band Travel Release Form

I hereby certify that my child,_____has my permission to travel with the Community High School Band during the 2026 - 2027 school year.

To the best of my knowledge, he/she is physically fit to engage in such activity and is not suffering from any disease or injury. I approve to have my child abide by school and band regulations.

I agree and do hereby waive and release all claims against the Community Independent School District and any teacher, employee or other person engaged in the activities in question and .agree to hold them harmless from any and all liability relating to my child for any personal injury or illness that may be suffered or any loss of property that may occur.

I understand that reasonable measures will be taken to safeguard the health and safety of my child and I will be notified in the case of an emergency. In the case of an accident or illness, I authorize the calling of a doctor or the providing of other medical services.

IT IS UNDERSTOOD THAT NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN ANY ACTIVITY UNTIL THIS FORM IS SIGNED BY A PARENT/GUARDIAN.

Parent Signature_____Date_____

Home#_____Cell#_____

EMERGENCY CONTACT

Name_____Relationship_____

Home#_____Cell#_____