



**V. PHOTOGRAPHIC/VIDEOTAPING PERMISSION**

This section allows you as a parent or guardian to choose whether your child may be in a video, photograph, or other illustration used by Cumberland County Schools or the News Media. Cumberland County Schools Uses Photographs, Slides, Videos, Or Illustrations Of Students For Many Purposes Such Photographs, Videos, Or Other Illustrating Material Which May Be Used In Newsletters Or Publications Produced By The School System, In Slide Presentations And/Or Videos About The Schools, By The News Media In School-Related News Coverage, In Video Productions Aired On Television Produced By The School System Or In Other Similar Forms Of Communication.

**CHECK ONE:**

\_\_\_\_ **YES**, We Give Our Permission To Cumberland County Schools or The News Media To Make Photographs, Slides, Videos, or Illustrations of our Child. Further, We Authorize Their Use Without Inspecting or Approving The Finished Product or Its Specific Use.

\_\_\_\_ **NO**, We Do Not Give Our Permission For Our Child To Be Included In Presentations by the Cumberland County Schools or The News Media.

**Signature of Parent/Legal Custodian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VI. Parental Permission**

**PARENT/LEGAL CUSTODIAN RELEASE OF LIABILITY and PERMISSION FORM**

I, the undersigned parent/legal custodian, do hereby agree and consent for the above student to participate in all activities of the High School Marching Band to include football games, parades, and other band performances and events. I do further release and waive, and agree to indemnify, hold harmless the Cumberland County Board of Education, the individual members, agents, employees and representatives thereof, as well as the program’s supervisors, from and against any claim which I, any corporation may have or claim to have, known or unknown, directly or indirectly, for participation in any approved student activity or the rendering of emergency medical procedures or treatment, if any.

We also understand that participation in Marching Band may involve risk of personal injury, and we have read the above release of liability, and have opted to allow the above student to participate with that awareness in mind.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Legal Custodian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**VII. Medical Information**

**Medical Doctor’s Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Dentist’s Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Health Insurance (Co. Name):** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Other Medical Information (as needed):** \_\_\_\_\_

\_\_\_\_\_

If information contained in this form changes during the school year, it is the responsibility of the student and parent to update the information.

**This form is valid for the 2024-2025 school year only**