

Loudoun County Public Schools—Music Division
WARNING AND ACKNOWLEDGMENT OF RISK
READ CAREFULLY BEFORE SIGNING



School Name:		Activity Dates:	
Scheduled Activity:	<input type="checkbox"/> Marching Band	<input type="checkbox"/> Guard	<input type="checkbox"/> Other
Activity Supervision Provided By (Name & Title):			
Student Participant Information			
Student Participant's Name:		Birth Date:	
Student Participant's Address:			
Home Phone:	Cell Phone:	E-mail:	
Mother's Name:			
Business Phone:	Cell Phone:	E-mail:	
Father's Name:			
Business Phone:	Cell Phone:	E-mail:	
Emergency Contact name in case parents cannot be reached:		Relationship to Participant:	
Home Phone:	Cell Phone:	Business Phone:	
Student Participant Medical & Insurance Information: This information is necessary when we are unable to reach you in the event of illness or injury involving your child.			
Family Doctor Name:		Phone #:	
List only Acute, Life Threatening Conditions, or Medications of which Student is Allergic:			
List any allergies, health conditions, regular medications taken, or activity restrictions we need to be aware of:			
Medical/Accident Insurance?	Yes	No	Name of Insurance Co.
Media Release—Parental Permission for Recording, Publishing, or Broadcasting Photographs/Videos/Audio of Music Students			
I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT grant permission for myself or my child (named above) to be photographed, taped, recorded or featured in any video, audio, or televised recording, live broadcast, webcast, or printed publication that may be produced by and available to the public from LCPS (to the extent that access is within LCPS' control during school hours). I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT grant permission for photographs to be posted on school websites or appear in newspapers, brochures, event programs, vendor advertisements, web-sites, etc.			
Warning and Acknowledgment of Risk for Participation			
I, <small>(print student name)</small> _____ understand that participation in the LCPS Marching Band and Guard Program is voluntary , that it is not required, and that it can involve strenuous physical activity, exposure to extreme heat, humidity, and cold temperatures, and includes RISKS OF INJURY, ILLNESS, AND PROPERTY DAMAGE . Because of the possible risks of participating in the Marching Band and Guard Program, I recognize the importance of following the Music Director's or designee's instructions regarding the relevant program techniques, training, rules of participation, etc., and I agree to obey such instructions, act responsibly, maintain good conduct and appearance, safeguard personal and school property, and understand that school rules will apply at all times. In consideration of Loudoun County Public Schools permitting me to participate in the Marching Band and Guard Program and to fully engage in all activities related to the program including, but not limited to, extended travel off school premises, I hereby acknowledge the risks and responsibilities associated with participation.			
Student Signature:		Date:	
Parental Permission, Authorization, and Acknowledgment of Risk			
I, <small>(print adult name)</small> _____, am the parent/legal guardian of <small>(print student name)</small> _____. I have read the above Warning and Acknowledgment of Risk for Participation statement and understand that the LCPS Marching Band and Guard Program is voluntary, that it is not required, and that it can involve serious RISKS OF INJURY, ILLNESS, AND PROPERTY DAMAGE . In consideration of this understanding, I hereby consent and grant permission for the above named student to participate and fully engage in all activities related to the program including extended travel off school premises. I understand that LCPS will not be responsible for any personal property that may become lost or damaged in the course of this activity. I further understand that LCPS does not provide medical or accident insurance for student illness or injury and that the purchase of participant medical or accident insurance coverage is recommended. I understand that in the case of an accident, injury, or serious illness during participation in the LCPS Marching Band and Guard Program, an effort will be made to contact me as soon as possible at the numbers listed above. In any event, I give authorization to LCPS for my child to receive first aid, emergency medical treatment, 911 transport, and all other medical care deemed reasonably necessary to my child's health and well-being. I understand that I will be responsible for any medical expenses or other financial obligations incurred.			
Parent/Legal Guardian Signature:		Date:	
Return this original signed form to your student's school and keep a copy for your records.			