

Celina High School Band Travel Release Form

I hereby certify that my child, _____ has my permission to travel with the Celina High School Band during the 2024-2025 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 agree and do hereby waive and release all claims against the Celina 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# _____