**TRIP PERMISSION FORM**

CONSENT

I hereby consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student) to travel with the Wren High School Bands during the 2012-2013 Band Calendar year on all approved trips. I understand that he/she is expected to obey all school rules, trip rules, chaperones, and band directors.

If any emergency medical procedures or treatment are required by the

student during the trip, I consent to the directors' taking, arranging for, and

consenting to the procedures or treatment at their discretion. I understand that I will be notified as soon as possible, in the event of an emergency.

**If I am unable to be reached, an alternate person to call and act in my**

**behalf is**:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVER and RELEASE

I hereby release and waive, and further agree to indemnify, hold harmless or reimburse the Anderson County School District, the School Board, its

successors and assigns, its members, agents, employees, and representative thereof: as well as trip supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the trip or the rendering of emergency medical procedures or treatment, if any.

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Night Time phone number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_**