



Myrtle Beach High School Bands

Charles A. Dumas, Director
3302 Robert Grissom Parkway
Myrtle Beach, SC 29577

MYRTLE BEACH HIGH SCHOOL SEAHAWK SOUND

Purpose of this field trip: The undersigned does hereby give permission for my/our child to attend and participate in activities by the Myrtle Beach School Bands for the **2020-2021** school year, to include any summer activities before or after the above date.

Place(s) to be visited: All Home and Away MBHS Football Game, Marching Band Contests, Parades, Also ANY and ALL Playoff football games after November 2, and any other places designated by the band director.

Your child will be under the supervision of: Charles A. Dumas, Director of Bands

We release, forever discharge and agree to hold harmless the Myrtle Beach School Bands, the Myrtle Beach Band Boosters, and Band Directors thereof from any and all liability, claims, and demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in Band Activities.

Furthermore, we hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify (not bring legal action against) said groups and its directors, for any liability sustained by said groups as the result of negligent, willful, or intentional acts of said child participant, including expenses incurred attendant thereto.

As the parent(s) or legal guardian(s) of the said child participant, We/I hereby grant our/my permission for him/her to participate fully in said activities, and hereby give our/my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume all responsibility of medical bills, if any.

Further, should it be necessary for the child to return home due to medical reasons, disciplinary action, or otherwise, we/I hereby assume all transportation costs.

Hospital Insurance YES NO

Parent/Guardian Signature _____ Date _____

Phone Number in Case of Emergency _____

Other Emergency Contact Name and Phone Number _____

Insurance Company _____

Policy Number _____

Physician's Name _____ Phone _____