

**Lakes Community High School
Parent/Guardian Consent/Release and Indemnity Agreement**

In consideration of the permission extended to (name of child) _____
_____ by the Board of Education of Community High School
District 117 to participate in **Band events and travel for the 2011/2012 school year (including
summer activities)** and for other good and valuable consideration, the undersigned,
voluntarily and knowingly, fully and forever release, discharge, hold harmless and
indemnify the Board of Education of School District 117, its Board members, enplanes,
officers, agents, successors, and assigns from any and all liability, claims, causes, of action,
including, but not limited to, any and all damages, costs, personal injuries, including death,
disabilities, direct or indirect medical expenses, pain and suffering, property damage, and
attorney's fees, which the undersigned now has or may have in the future, whether known or
unknown, or that any person claiming through the undersigned may have, arising out of or
in any way resulting from my child's participation in: **Band activities during the 2011/2012
year and any summer 2011 activities.**

In the event of emergency rising out of serious illness or injury, permission is hereby granted
to transport the above named student to a medical facility, if necessary, and to provide
necessary treatment. I understand that an attempt will be made by the school administration
and/or the attending physician to contact me in the most expeditious way possible. In the
event that I/we are unavailable, permission is hereby granted to the attending physician
chosen by the coach/trainer/director to proceed with necessary medical or surgical treatment
in the best interest of the above named student, and, if necessary to admit him/her to a
medical facility. Permission is also granted to designated school personnel to provide
necessary first aid to the above named student in the absence of a physician or until such
time as a physician is present. The undersigned has read this Release and Indemnity
Agreement, understands its term, and executes it voluntarily.

Signature Father/Guardian

Date _____

Daytime Telephone _____

Evening Telephone _____

Cell Phone _____

Address _____

Signature of Student

Date _____

Signature Mother/Guardian

Date _____

Daytime Telephone _____

Evening Telephone _____

Cell Phone _____

Address _____