

## Statement of Waiver/Hold-Harmless Agreement And Activity Permission Form

## Section A: Statement of Waiver/Hold-Harmless Agreement

Parent/Guardian Signature:

Section A. Statement of Walver/Hold-Harmless Agreement
In consideration of permission to participate in the 2017-2018 Brigade Drill Teams & Step Squad functions, which includes but not limited to parades, performances, and other drill/step team events, I,
I, further, hereby agree to release, indemnify and hold harmless The Brigade Drill Teams & Step Squad, their Directors, and/or any of their representatives, volunteers, acting officially or otherwise, from and against any and all loss, liability or damage arising from or because of, or in connection with, participation in said drill/step team.
Name of Member:  Parent/Guardian Signature: Date:
Section B: Activity Permission Form
As the parent or legal guardian of the above child, I give permission for:  1. The above named child permission to engage in the physical activities of the Brigade Drill Teams & Step Squad.  2. The above named child to be transported by a designated professional/volunteer driver.  3. The drill team first aide person to give over-the-counter medications for minor medical discomforts.  4. The team's staff members to arrange for emergency medical attention if I cannot be reached.  5. The above named child permission to attend any overnight trip/activity up to and including two nights.  The above named child is currently in good health and able to participate in drill team activities: Yes No  Please insert "None" to the following statements if they do not apply:  My child has the following restrictions on strenuous activities:  Parent/Guardian Signature: Date:
Section C: Parent Safety Agreement for Team Member
The health and safety of your child is one of our most important concerns. For this reason, we ask that you answer the questions below and read the information that follows very carefully.  1. Will your child be walking home from practices?  2. Will someone be driving him/her home from practices? Yes □ No □  3. What is the name and phone number of the person who will drive him/her home?  4. Will anyone else have your permission to drive or walk your child home? Name:

Date: