STONEMAN DOUGLAS WINTER GUARD

PARTICIPATION WAIVER

2027 WINTER SEASON

I _____, the parent/guardian of _____ ("my child"), give permission for my child to attend school, local, tri-county and overnight competitions, events and practices. I understand that personal injury can and may occur to my child, and I hereby authorize the Stoneman Douglas Marching Eagle Parent Association, Inc., volunteers or another appointed youth advisors, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention. I hereby release Stoneman Douglas Marching Eagle Parent Association, Inc., its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event. Insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care have been provided. I give permission for my child to ride in any vehicle designated by Stoneman Douglas Marching Eagle Parent Association, Inc., its employees and adult volunteers, while participating in and traveling to and from this event. I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of the Stoneman Douglas Marching Eagle Parent Association, Inc. properties visited on outing, other's personal property, or vehicles used for transportation. I agree and consent to all of the above stated.

SIGNATURE OF PARENT/GUARDIAN

DATE

EMERGENCY CONTACT NAME AND PHONE NUMBER

(PLEASE PRINT)