

**RELEASE FROM LIABILITY OF BUTLER COUNTY BOARD OF
EDUCATION, ITS PRINCIPALS, TEACHERS OR SUPERVISORS**

STUDENT NAME

2021 Marching Band
ACTIVITY

This is to certify that the above named student has my permission to attend the activity noted above. I also absolve and release the Butler County Board of Education, its members, superintendent, principals, teachers, or other assigned staff from any claims for personal injuries and medical expenses which might be sustained while my child is engaged in, or is en route to and from or during, the above noted activity.

I also authorize the assigned staff member of the Butler County Board of Education to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness. I agree that I will be responsible and make payment for the necessary services incurred. I currently have in force a medical insurance policy with _____, which insures me against medical expenses incurred for my child.

We have read and agree to abide by the Code of Student Conduct and further agree to abide by the specific rules and regulations established by the assigned staff member to this activity.

STUDENT

PARENT/GUARDIAN

ADDRESS

TELEPHONE