

Authorization and Release Form

Tate High School Showband of the South
1771 Tate Road, Cantonment, FL 32533
Main Office (850) 937-2300 | Band Office (850) 937-2320



Effective Dates: June 1, 2025 – May 31, 2026

I/We permit (student name) _____ to participate in all Tate High School Band activities from June 1, 2025, to May 31, 2026.

I/We understand that participation in these activities is a privilege and may involve risk of injury, illness, or accident. I/We voluntarily assume these risks on behalf of our child and agree to hold harmless the School Board of Escambia County, Florida, Tate High School, and their employees, agents, and volunteers from any liability or claims related to participation, including medical expenses or property damage.

If I/we are not present, I/we authorize school staff to approve or seek emergency medical care for my/our child as needed. I/We accept full financial responsibility for any resulting treatment and understand we must maintain appropriate health insurance.

I/We authorize the use or disclosure of our child's health information as may be necessary for emergency treatment or school health services, in accordance with applicable student privacy and health information laws.

I/We understand that if our child is transported in a privately owned vehicle, our personal auto insurance is the primary coverage for bodily injury. We are responsible for any deductible or uncovered expenses.

I/We affirm our child is in good physical condition and able to participate in band activities. We have not been advised otherwise by a medical professional.

I/We have reviewed and agree to follow the District's:

- Medication Protocol at School: Parent Responsibilities
- Any relevant Health Guidelines issued by Tate High School or the Escambia County School District

A copy of this form may travel with band staff or chaperones during school-sanctioned events.

Parent/Guardian's Name _____

Signature _____ Date _____

Notary

Signed before me this _____ day of _____ 20_____

Identity ☐ Known to me ☐ Provided Identification _____

Notary Signature _____ Stamp