

2023 EHSMB Agreements Form



In consideration for the privilege to attend and participate in all activities and event with the Erie High School Marching Band, I, the participant and/or parent/guardian:

1. Agree to abide by all rules and regulations established by Erie High School Marching Band (EHSMB).
2. Authorize EHSMB or any of its agents to provide, obtain, or authorize any reasonable routine and/or emergency medical treatment, in the event of illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment.
3. Acknowledge that during the course of participating in the above activities that I may be photographed or filmed and hereby grant to EHSMB for any purpose connected with promoting the purposes and goals of EHSMB and any of its programs, the right to use my name, voice, performance, social media postings, testimonial quotes, and likeness in any promotional materials, writings, photographs, films, and recording while participating in the activities and any biographical information submitted to EHSMB and to use, reproduce, publish, and distribute the same.
4. Acknowledge that there is an element of risk involved in physical activity and in any activity involving travel outside of one's own community; and certify my physical, mental and emotional capability of attending and participating in the activities; assumes all risk and financial responsibility for any loss or injury to self or others that may occur as a result of personal negligence, carelessness, or misconduct, and does hereby remise, release, and forever discharge EHSMB from responsibility for any incidents, accidents, injuries or other events that give rise to any claims, damages, losses, or suits resulting from or relating to my participation in the activities described above.
5. I further remise, release, and indemnity and hold harmless EHSMB from any and all liability for claims, damages, losses, or suits, arising out of my participation in the activities described, including, without limitation, any injuries that I may cause by my own negligence, carelessness or misconduct and
6. agree to immediately advise the person of the EHSMB event or activity of any injury, illness, or loss that occurs during the event or activity.

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Student information:

Student's Full Name: (First and last) _____

Student's preferred pronouns/name: _____

What grade will the student be in in the fall? _____

What school is the student enrolled in? _____

Student's date of birth and age _____

Student's address: _____

Student's Phone number _____

Student's email _____

Student's School ID (If applicable) _____

Student's allergies(i.e. seasonal, food, environmental, etc.)

Medical Condition			Notes
Asthma	YES	NO	
Is an inhaler needed?	YES	NO	
Heart defect	YES	NO	
Seizure disorder	YES	NO	
Diabetes	YES	NO	
Other health concerns	YES	NO	
Orthopedic problems	YES	NO	

****Any medication that the student may need to take during band activities (including inhaler) will require a doctor note to be on file. Please send one in with the student.

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Medication:

We have and with permission can give out ibuprofen, and/or acetaminophen. Please check the medication that the band staff and boosters (mommamas with clearances) have in order to provide to students.

Ibuprofen	YES	NO
Acetaminophen	YES	NO

Parent/legal guardian information:

Parent/legal guardian names: _____

Parent/legal guardian's address: _____

Parent/legal guardian's Phone number _____

Parent/legal guardian's email _____

Emergency contacts:

#1 Name: _____

Cell: _____ Relationship: _____

#2 Name: _____

Cell: _____ Relationship: _____

____ I give consent for my child to attend trips on school transportation.

____ I do not give consent for my child to attend the trips on school transportation and will take responsibility for providing transportation to and from events.

____ I give consent for my child to be photographed or videotaped as part of the marching band.

____ I do not give consent for my child to be photographed or videotaped as part of the marching band.

Parent/Legal Guardian Signature: _____ Date: _____