

PONTE VEDRA HIGH SCHOOL BAND
LIABILITY WAIVER AND CONSENT FORM

I, _____, the undersigned student (if 18 years or age or older) or parent/legal guardian of _____, (Student) do hereby:

Indemnify and forever hold harmless Ponte Vedra High School (PVHS), PVHS Band (Band), St. John's County School District (SJCS D), their directors, managers, employees, agents, Parent volunteers (Parent) or other representatives for and from any and all claims, actions, accidents, liabilities, injuries to any property or person of Student or other medical conditions that may occur as a result of Student's participation in the Band program or Band related activities and events.

Grant full permission to any physician, healthcare professional or hospital to take any action deemed necessary in case of an accident or illness to Student at the request of PVHS, Band, SJCS D or Parent.

In the event it is necessary for PVHS, Band, SJCS D or any Parent to seek medical attention for Student, I agree to be fully responsible for the cost of any and all such medical attention or care, and agree to indemnify and hold harmless PVHS, Band, SJCS D and Parent for any and all cost or expense regarding any such medical care or treatment so obtained for or on behalf of Student.

4. Agree that Student has or will read all policies in the PVHS Band Handbook and shall act accordingly during all Band activities. In addition, I grant full permission for Student to be an active member of the Band and to attend all required and/or optional Band functions.
5. Grant PVHS, Band, SJCS D permission to use, edit, alter, copy, exhibit, publish or distribute any and all photographs or other still images, voice recordings, and/or video recording of Student for any and all purposes, without payment or any other consideration in perpetuity. I understand that these materials will become the property of either PVHS, Band or SJCS D and may not be returned to Student. In addition, I hereby waive any and all rights to inspect or approve the final product wherein Student may appear.
6. I understand and agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this release is held invalid, it is agreed that the balance of this release shall, notwithstanding, continue in full force and legal effect.

This Liability Waiver and Consent Form shall remain in effect and be binding upon Student until: 1. the end of Students high school years, 2. the Student no longer participates in Band or Band activities, 3. is revoked in writing, 4. by operation of law.

IN WITNESS whereof, I have executed this Liability Waiver and Consent Form demonstrating that I have read, fully understand and agree to be bound by its terms.

Signature (Student or Parent/Legal Guardian)

Date