DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT

BAND PERMISSION SLIP AND RELEASE

This is to certify that I (we) hereby give permission for my/our student(s):

_____ (student(s)' printed name) to go on all

band trips or activities related to football games, contests, trips, parades, etc. for the

period of time **beginning on July 23, 2008 and ending June 6, 2009.**

As a parent(s) or legal guardian(s) of the student named above, I release and discharge the Dripping Springs Independent School District, its officers, employees, agents, representatives, and volunteers from any and all claims, suits, actions, causes of action, expenses, costs, and demands for any direct or indirect personal injuries or property damages associated with, related to, or arising from my student(s)' voluntary participation in the band program including extracurricular trips and activities.

I acknowledge that my student(s) is bound by the Dripping Springs ISD Student Code of Conduct and the Extracurricular Code of Conduct while participating in band trips or activities and is subject to disciplinary consequences. At the sole discretion of the Director, a student(s) may be immediately removed from band trips or activities for conduct that fails to meet expectations of band participants or for conduct inconsistent with the Codes of Conduct. Upon notice by the Director of a student(s) removal from a band trip or activity, the parent(s) or legal guardian(s) of the student(s) shall be solely responsible for arranging for the transportation of the student(s) from the trip or activity at their own expense. A student(s) removed from a band trip or activity may face additional disciplinary consequences assessed by the Director and/or campus administration in conformity with the Dripping Springs ISD Student Code of Conduct and/or the Extracurricular Code of Conduct.

I have carefully read and understand the Band Permission Slip. I voluntarily agree to the terms stated herein as shown by my signature and the signature of my student(s) below.

Telephone:_____Mother:_____Date:_____

Telephone:_____Father:_____Date:_____

Student:_____ Date:_____

Please fill out the medical information on the back side of this form.