

Student Name \_\_\_\_\_

Student Grade 6 7 8

## Wester Band Medical Release/ Photo Release

I have read and understand the WMS Band Handbook information and give our permission for our student to be involved in all band activities for the 2017-2018 School year. I understand that the events are listed in the Calendar on the Wester Band Website—www.westerwildcatband.com.

I hereby release and discharge Frisco ISD, its agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I may have or which my heirs, executors, administrators, or assigns may have or claim to have against Frisco ISD its successors or assigns for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, any educational or extracurricular trip.

I further hereby authorize a representative of Frisco ISD to consent to medical treatment of my student (named below) in the event of an emergency on the trip.

I, the undersigned have read this release and consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

Parent Phone # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Parent Signature \_\_\_\_\_ date \_\_\_\_\_



I give Frisco ISD my permission and consent to photograph (by video photography or still photography and with or without sound track) the image, voice, and name of my child for use in media products (including Frisco cable 17, district, campus, or program webpage) and to use such images and recorded sounds in the spirit of educational enhancement, media competitions, and rewards for a job well-done.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_