

Student and Parental Acknowledgement // CHS Choral Program

Students, please read & sign this consent form acknowledging that you agree to abide by this CHS chorus handbook, which can also be found online at chschorus.com.

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Student's Name (Print)	Grade	Student's signature	Date

Parents, please read and sign this consent form after reading and understanding the following information:
Insurance: The Hall County Board of Education is not allowed to carry insurance relative to any trips or injuries to students. You are responsible to make sure that your child is insured.

Consent Agreement: I agree to abide by the chorus handbook and give consent for my child to use the Hall County Bus System for any field trips. In the event the District does not provide transportation, I understand that transportation will be the parent/guardian's responsibility. I also acknowledge that my student is insured either through a student insurance program, or through my own personal insurance.

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her or their discretion.

I agree to release, indemnify, and hold harmless the Hall County School System, its' Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors ("District Indemnitees") from and forever promise not to sue them on any and all claims, demands, rights, causes of action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent of guardian of the above, named student, or the student may have or may allege to have against the District Indemnitees or which may be brought against the District Indemnitees arising out of or in any manner relating to the student's participation in the field trips, including but not limited to the rendering of emergency medical procedures or treatment.

	/	
Parent's Name (Print)	Parent's signature	Date
	/	
Daytime Phone Number	email address	

Medications my child is currently taking:	
Allergies:	
Other Medical Issues:	

I would be willing to volunteer in the following areas:

- Chaperone _____
- Chorus Booster _____
- Fundraising _____