

Homecoming Parade Permission and Release

I hereby give my permission for _____ to participate in the Frederick Booster Club/Town of Frederick Homecoming Parade on _____.

I fully understand that participants are to abide by all school and city rules and regulations governing the parade. It is understood that any participant determined to be in violation of these rules and regulations may be sent home at the parent or guardians expense.

I acknowledge that participation in the parade exposes the above named student to the risk of injury, accident, illness or death; and I assume these risks, including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and the conditions of the road, vehicles and parade entries. I further acknowledge that the above named student is physically capable of performing the activities required in the parade.

I understand and acknowledge that by consenting to allow the above named student to participate in this parade, I release and hold harmless the FHS Booster Club/Town of Frederick and each of its officers, employees and agents for any injury, accident, illness or death occurring during or by reason of participation in this parade. I also agree to relieve the FHS Booster Club/Town of Frederick of any responsibility for damage to or loss of property occurring during or by reason of participation in the parade.

In the event of any illness or injury; I hereby consent to whatever transportation an x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon is deemed necessary. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent/guardian prior to taking any medical action.)

Signature of Parent or Guardian

Date

Address

Home Phone

Work Phone

Signature of Student

Date

Parents' Health Insurance Company

Policy Number

IN THE EVENT OF ILLNESS OR ACCIDENT AND IF UNABLE TO CONTACT ABOVE, PLEASE CONTACT:

Name

Phone

If your son or daughter has a special medical problem, kindly attach a description and attach to this permission slip.