

MEDICAL RELEASE FORM

I, parent of guardian of _____, give my permission to the President of NCBA-Eastern District, or his/her designee, to act as guardian in the event of an accident involving my child and I am not able to be contacted. Also, in the event of an emergency, he/she has my permission to consent to any attending physician to administer to my child any medications or perform any treatments that he/she deems necessary for the proper care and well-being of my child.

In consideration for the services performed by NCBA-Eastern District and the officers, members and agents of NCBA-Eastern District while facilitating the *All-District Band Clinic*, the aforementioned parties are herewith released from liability for all actions taken in good faith during the clinic.

Student: _____ **School:** _____

Parent/Guardian: _____ **Date:** _____

Parent/Guardian signature: _____

Photography Release Form

Dear Parent/Legal Guardian,

The Eastern District of the North Carolina Bandmasters Association conducts the All-District Band Clinic in which students are sometimes photographed or videotaped. We are requesting to use these images on our website: www.ncbaeastern.com or in promotional publications. No last names will be used in these publications. If you would give such permission, please fill out the form below. Likewise, if you do not consent, we ask that you mark the appropriate statement and returned with the medical health form and release form.

Name: _____ **School** _____

Band Director: _____

I am the parent/legal guardian of the child above. I agree to the following:

___ I **DO** give permission for your to include my child's image on film, videotape, or website as he or she participates in the All-District Band Clinic and NC All-State Honors Band Clinic. No last names will appear on any materials submitted by the teacher.

___ I **DO NOT** give permission for you to include my child's image on film, videotape, or website as he or she participates in All-District Band Clinic and All-State Honors Band.

Signature of parent/legal guardian _____

Date _____