





## RELEASE FORM

I, \_\_\_\_\_, individually and as a guardian of \_\_\_\_\_ do hereby, give permission for my son/daughter to participate with the Oakmont – Overlook Marching Spartans for the purpose of furthering his/her own interest in music. I, hereby, covenant and agree with the President, Executive Board, Band Director, Staff, Band Camp Director, members of the Oakmont Overlook Music Parents Association, and any and all related parties, officers, agents, employees, to indemnify and hold harmless each and every one of them from, and against, all claim, liability, loss, cost, damage, and expense which may in any way arise out of or in connection with, the involvement of my son/daughter in the program or in the use of such facilities; including without limitation all claim he/she or I might have for personal injury to him/her or to any member of my family so arising. I do, hereby, further testify as to my son/daughter's sound health of mind and body.

I intend this statement to take effect as a sealed instrument.

Date \_\_\_\_\_ Guardian Signature \_\_\_\_\_

## HANDBOOK ACKNOWLEDGEMENT

Our signatures below indicate that we have received and thoroughly read this season's Oakmont-Overlook Marching Spartans Handbook (updated version on the website) and that we fully understand the details, policies, and guidelines contained within. Furthermore, our signatures below indicate that we have read, fully understand and accept the requirements of Marching Band and the consequences of violations of the Handbook, which will lead to the infraction policy stated within.

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Parent(s)/Guardian(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Band Member Name: \_\_\_\_\_

Band Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to rehearsal or mail to OOMPA:

Oakmont Overlook Music Parents Association  
P.O. Box 161  
Ashburnham, MA 01430

