

**The Choirs of Keller High School  
Release and Consent Form**

**Syllabus Acknowledgement**

I, the undersigned, acknowledge and accept the expectations, rules, regulations, and consequences as outlined in the Keller High School Choir Syllabus.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Photo Video Release**

I, the parent or guardian of a Keller High School Choir student, consent to the use of photos and videos of my student for advertising, public relations, and social media purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Field Trip Consent and Release of Liability**

I certify that I am the Parent/Legal Guardian of \_\_\_\_\_, who is a student in the Keller Independent School District and who desires to participate in Keller High School Choir activities and trips during the 2023-2024 school year. I hereby give my consent for my student to travel to and participate in planned activities, performances, and trips with the Choirs of Keller High School.

I hereby release the Keller Independent School District, its trustees, Superintendent, employees, and servants from any and all liability, damages, or claims resulting from such student's travel and participation in any choir function/trip, and I agree not to hold them responsible for any damages or claims which might arise from injuries resulting out of any act or omission on the part of the District's staff, other than negligence in the operation of a motor vehicle or the use of excessive force in the administration of discipline.

In the event that the above student should, for any reason, require any medical or surgical treatment and/or medication while participating in the activities/trips, I authorize such physician or medical staff as the District's staff accompanying the student may appoint or designate, to carry out the necessary treatment. I authorize the staff to take my child to any emergency room of the nearest hospital, and I further authorize the hospital and medical staff to administer treatment as deemed necessary by them for the well-being of said student.

It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if at all possible, for permission.

I have read and do understand the above, and I freely give my consent and permission for all things contained herein.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date