## PARENT/GUARDIAN PERMISSION FOR OVERNIGHT FIELD TRIP

## <u>Corner High School Band</u> <u>Disney Trip</u> <u>April 17-21, 2024</u>

I give my permission for my child to participate in the <u>Corner High School Band</u> <u>Disney Trip on April 17-21, 2024.</u>

I understand and accept the risks and responsibilities involved in my child's travel on the <u>Corner High School Band Disney Trip.</u>

I understand and agree that all costs associated with my child's participation in the aforementioned trip are my responsibility. I understand and agree that if the trip should be canceled for any reason, or if I or my student are no longer able to attend the trip for any reason, *the costs I have paid are NON-REFUNDABLE*.

I further understand and agree that <u>Jefferson County Schools, Corner High</u> <u>School, and the Corner High School Band Boosters</u> are not responsible for any refunds for the trip.

Name of Student (please print)

Date: \_\_\_\_\_

Parent/ Guardian Name (please print)

Date: \_\_\_\_\_

Parent/ Guardian Signature

Date: \_\_\_\_\_