



**Robbinsdale Area Schools Permission Slip
and Waiver Form**

ARMSTRONG HIGH SCHOOL MADRIGAL SINGERS

As a parent/guardian, I give permission for my child to participate in **Armstrong Madrigal Singers**. This program is not required by the Robbinsdale Area School District.

In addition, I give permission for my child to participate in all off-site classes and field trips associated with **the Armstrong Madrigal Singers**, including transportation to and from such off-site classes and field trips by way of district transportation or student-provided transportation.

I am aware of the inherent risks associated with these activities and that all risks cannot be prevented. If my child should require emergency medical treatment, I consent to such treatment. I acknowledge that the school district does not provide accident or health insurance for students, and I agree to be responsible for any medical bills incurred as a result of emergency medical treatment.

To the maximum extent permitted by law, I hereby hold harmless and release the school district, its officers, employees and volunteers, from any claims for damages or injury to my child or property, which may arise from my child's participation in the above program and all related activities.

This release and holds harmless clause does not apply to intentional or negligent acts of the school district, its officers, employees and volunteers that cause harm to my child. However, by signing below, I agree that the school district will not be responsible to pay any deductible on any insurance our family may have, if a claim is made that arises out of my child's participation in this program.

If I am concerned about the program identified above or any of the activities or risks associated with the program, I understand that I can contact the Robbinsdale Area Schools. **Stephanie Trump 763-504-8857 stephanie_trump@rdale.org** or **Tony Rangel 763-504-8856 tony_rangel@rdale.org**

Child's Name _____
Parent/Guardian Name (Print) _____
Address _____
Phone Number _____
Parent/Guardian Signature _____
Date _____
Emergency contact person and phone number _____

** Please return to your Director before your audition.*