

## Pedro Menendez Band Field Trip Authorization Form

**Pedro Menendez High School  
600 State Road 206 West  
St. Augustine, FL 32086  
904-819-8600**

Name of Student:

Printed Name of Sponsoring Director: Scott Forsythe

Signature of Sponsoring Director: \_\_\_\_\_

I understand that my son/daughter will be traveling to and from Pedro Menendez High School to participate in the activities listed on the **2009-2010 Falcon Regiment Schedule**. I acknowledge that I have received this schedule as part of the **Pedro Menendez High School "Falcon Regiment" Marching Band 2009-2010 Band Camp Packet**.

### ST. JOHNS COUNTY SCHOOL BOARD PARENT RELEASE FORM

I hereby consent to my child's participation in the aforementioned activities. I agree to release and discharge the St. Johns County School Board, its officers, agents and employees, exercising reasonable care within their type of employment, from liability (all claims and demands/rights and causes of actions) growing out of actions growing out of personal injuries and property damage resulting or occurring during the aforementioned activities, or in transit to or from said activities.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

My son/daughter has special medical needs: \_\_\_\_\_

\_\_\_\_\_  
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