Indemnification Form
2026-2027 Soddy-Daisy High School Band

PROMISE OF INDEMNIFICATION

In consideration of permitting my child to accompany the ***SODDY DAISY HIGH SCHOOL BAND*** and any ensemble that is a part of the Soddy Daisy High School Band Program on all Soddy Daisy High School Band field trips in the ***2026 – 2027*** school year. I agree to indemnify and save harmless the **HAMILTON COUNTY SCHOOL DISTRICT**, its teachers, agents, employees and all trip sponsors or chaperones against any claims for damages, compensation, or otherwise on the part of said minor, or his/hers heirs, executors, or administrators. I also agree to reimburse or make good any loss, damages or costs that the **HAMILTON COUNTY SCHOOL DISTRICT**, its teachers, agents, employees and all trip sponsors or chaperones may have to pay if any litigation arises on account of any claim made by said minor or anyone in his/hers behalf as a result of injuries sustained by my child on any trip.

- I/we do hereby agree to release from any and all liability and otherwise hold harmless all school personnel acting in their supervisory capacity for personal injury, property or other type of loss which occurred as a result of this activity.
- I/we further authorize the above-mentioned chaperone(s) to seek and arrange for emergency medical care, hospitalization or surgery that may become necessary in my absence and I/we will assume financial responsibility for same.
- The school sponsors, schools, and Hamilton County School officials will make every reasonable effort to properly supervise, control, and render safe all activities in the planned program above.

Student's Full Name: _____

Signature of Parent or Guardian: _____ DATE_____

TENNESSEE NOTARY ACKNOWLEDGEMENT

State of Tennessee

County of Hamilton

On this ____day of_____, 20____ [Day/Month/Year], before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that such person executed the same as such person free act and deed.

Witness my hand, at office, this ____day of_____, 20____.

_____
Notary's Signature

My commission expires: _____

The Indemnification Form and Health Information must be signed and all notarizations must be complete before any student may attend any function or rides a Hamilton County School Bus on any trip with the SDHS BAND!

These forms must be completed and returned before or on the last day of Band Camp