

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(print) (print)

**BAND HANDBOOK ACKNOWLEDGEMENT  
FILM/MEDIA RELEASE**

Your signature acknowledges that you have read and will abide by all rules and regulations as listed in the Alief Taylor Band Handbook and the Alief ISD Student/Parent Handbook. Your signature acknowledges that you agree to follow the guidelines and expectations outlined in each document as members of the Alief Taylor High School Band and that failing to do so could result in dismissal from the band program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT PERMISSION FORM FOR FILMS**

I GRANT MY PERMISSION FOR MY CHILD TO VIEW FILMS RATED G, PG, or PG-13 WHILE WITH THE ALIEF TAYLOR HIGH SCHOOL BAND ON ALL SCHOOL SPONSORED TRIPS OR ACTIVITIES.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE**

I GRANT MY PERMISSION FOR MY CHILD'S LIKENESS TO APPEAR IN PHOTOS OR VIDEOS OF THE BAND IN PRINT AND ONLINE. I UNDERSTAND THAT MY CHILD WILL NOT BE IDENTIFIED BY NAME WITHOUT ADDITIONAL WRITTEN CONSENT.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_