**CINCINNATI TRADITION DRUM AND BUGLE CORPS**
**LIABILITY RELEASE**

I hereby authorize Cincinnati Tradition Drum and Bugle Corps (Tradition) to administer over-the-counter medications to me and/or, if applicable, my child. I further authorize Tradition and its staff, including volunteers, to treat any minor conditions which occur. I understand that if Tradition deems necessary, they will take me and/or my child to a healthcare provider and/or facility for medical care. I authorize all medical care deemed necessary and recommended by medical providers. In consideration for being permitted, or for my child being permitted, to participate in Tradition, I release Tradition and its staff, including volunteers, from any and all liability for any adverse effects that may occur due to the treatment of minor conditions, administration of any over-the-counter medications and/or any medications prescribed by any licensed medical provider. I further release Tradition and its staff, including volunteers, from any and all liability in the event that any medications or treatments are done so incorrectly. By signing below, I also warrant that all of the above information is complete and accurate and any treatment rendered or misapplication of medications due to inaccurate, incomplete, or unreadable information is not the responsibility of Tradition or its staff.

Guardian Name (if member under 18): _____

Guardian Signature (if member under 18): _____

Member Name: _____

Member Signature: _____

Date: _____

As of 9/25/24