



**STUDENT TRAVEL AUTHORIZATION
NHS Golden Eagle Band Program
2024-2025**

I, the undersigned parent or legal guardian of _____,
name of student

grant permission for my child/ward to travel to all 2024-2025 NHS Band & Auxiliary (Color Guard) activities sponsored by Naples High School.

I understand the students are scheduled to depart and return to and from the school on the dates and times listed on the 2024-2025 Band Calendar found on the NHS Band Website at www.napleshighband.com.

I understand, acknowledge and agree that: The School Board of Collier County, Florida, Naples High School employees, Naples High School Band Boosters, Inc. (Band Boosters), volunteers, chaperones and appointees will provide for reasonable supervision of students within its care and control. The supervision will be consistent with the ages of the students. However, the School Board is not an insurer of the safety of the student, nor can it supervise all movements of all students at all times. In addition, there are certain risks inherent in travel and at the destination.

I further understand that The School Board of Collier County, Florida, Naples High School employees, Naples High School Band Boosters, Inc. band boosters, volunteers, chaperones and appointees have no personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child/ward.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name