



**DISNEY WORLD TRIP FOR THE PIEDMONT MARCHING BAND 2026**  
**ASSUMPTION OF RISK AND ACKNOWLEDGEMENT FORM**

Dear Parent/Caregiver/Participant:

From April 6-10, 2026, we will be traveling to Walt Disney World in Orlando, Florida as part of our Piedmont Band Program.

I authorize my son/daughter, \_\_\_\_\_ to participate in the Walt Disney World trip with the Piedmont Band.

By signing below, I understand and acknowledge:

There are inherent risks with the Disney trip (i.e. loss of consciousness, head and back injuries, sprains/strains, fractures, internal injuries etc.) and hereby release and hold harmless the Union County Board of Education and all others connected with Piedmont Band trip to Disney World from any and all damages for injuries sustained while participating in the Piedmont Band trip to Disney World.

I understand and acknowledge that while participating in school activities there poses the potential risk of injury/illness to individuals who participate in such activities.

I understand and acknowledge that Union County Board of Education does not carry student accident insurance. Therefore, I understand that there is an assumption of liability, and I am financially responsible for any and all expenses incurred as a result of an injury suffered while participating in this event.

I acknowledge that I have carefully read this Assumption of Risk and Acknowledgement form, and I understand and agree to its terms.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

**Growing Possibilities.**