

Southeast Visual Ensemble Participant Release Form

Student Name

For good and valuable consideration, I hereby authorize the above mentioned student to participate and compete with Southeast Visual Ensemble in the Winter Guard International Independent A Class Division. Furthermore, I have discussed this opportunity with the student and fully support his/her decision to participate with Southeast Visual Ensemble during the current, competitive winter guard season and to relinquish their obligation to the Southeastern Color Guard Circuit Scholastic Division.

School Official's Signature

Date

Student's Signature

Date

Parent / Guardian Signature

Date