



SCHOLASTIC MEMBER PARTICIPATION
IN AN INDEPENDENT GROUP LETTER OF RELEASE

PARTICIPANT INFORMATION

PARTICIPANT FIRST NAME	PARTICIPANT LAST NAME
PARTICIPANT EMAIL	
PARENT/GUARDIAN NAME	PARENT/GUARDIAN EMAIL

PARTICIPANT/PARENT: By signing this letter of release, I attest that the participant listed above has fulfilled all requirements to the scholastic program listed above, and attest that I have all of the necessary permissions to participate with the independent group listed below at CWEA events.

PARTICIPANT SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE (if under 18)	DATE

SCHOOL INFORMATION

SCHOOL NAME	
GROUP DIRECTOR NAME	DIRECTOR EMAIL
BAND DIRECTOR NAME	BAND DIRECTOR EMAIL
PRINCIPAL NAME	PRINCIPAL EMAIL

SCHOLASTIC GROUP DIRECTOR/PRINCIPAL: By signing this letter of release, I attest that the participant listed above has fulfilled all requirements to my scholastic program, and I hereby release the participant to participate in the Independent Group listed below at CWEA events.

SCHOLASTIC GROUP DIRECTOR SIGNATURE	DATE
BAND DIRECTOR SIGNATURE	DATE

INDEPENDENT GROUP INFORMATION

INDEPENDENT GROUP NAME	
GROUP DIRECTOR	EMAIL

INDEPENENT GROUP DIRECTOR: By signing this letter of release, I attest that I have consulted with the participant concerning CWEA's policy on Scholastic Member Participation in an Independent Group. I certify that I have consulted with the Scholastic Group Director and have the appropriate permission for this participant to compete with my group at CWEA events.

INDEPENDENT GROUP DIRECTOR SIGNATURE	DATE
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