## AMERICAN MUSIC ABROAD HONOR BANDS CHOIRS & ORCHESTRAS AGREEMENT FOR SPECIAL LEAVE

1. Under special arrangement with American Music Abroad Honor Bands, Choirs and Orchestras, I wish to have my child,, leave the tour group from the date of until I hereby authorize American Music Abroad staff to release my son/daughter for the following purpose:	
	an Music Abroad staff should to release my son/daughter on his or her own recognizance ire a custodian or chaperone to accompany my child.
The American Mus following person:	ic Abroad staff should release my son/daughter from the tour only in the company of the
NAME	
ADDRESS	
TEL#	
	there shall be no rebate or credit for any time in which my son/daughter is absent from the
while on such speci	my son/daughter will not be protected or cared for by American Music Abroad personnel al leave. Further, I agree that during the time of absence from the tour group, there shall be nancial or otherwise, on the part of American Music Abroad for my son/daughter's health,
the tour, I also under Therefore, it shall be and place. It shall a numbers and address son/daughter if necessions, illustrations.	ognize that American Music Abroad is concerned about the well-being of each member of erstand that its contractual obligations require meeting all of its scheduling commitments. The the sole responsibility of my son/daughter to rejoin the tour group at the designated time also be the responsibility of my son/daughter to give American Music Abroad staff telephone uses, where possible, so that American Music Abroad personnel may contact my essary. It shall further be the responsibility of my son/daughter to report any emergency, nees, accident or other problem to American Music Abroad staff immediately and to abide by an by American Music Abroad staff.
accrue during the co	ee to pay all expenses and costs incurred by or on behalf of my son/daughter that may burse of, or arising from, this special leave. Such expenses associated with my son/daughter to be limited to transportation or communication fees or costs.
Date	Signed