

**ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN FIELD TRIP**

I, _____ (parent), agree to allow my child,
_____ (child's name) to attend

_____ **on** _____ **(date).**

I understand that while student safety is a high priority for the District, under State law, the school is not responsible for medical costs associated with a student injury.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made by third parties against it or them which result from my child's actions on the trip.

I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas law.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance.

Parent or Guardian

Date

Daytime phone number

_____ I will accompany my child on this field trip.

_____ I will not accompany my child on this field trip.