

PLANO INDEPENDENT SCHOOL DISTRICT
Release of Liability for Student Participation in School-Sponsored Trip

Name of Event: _____

Date(s) of Event: departure: _____ return: _____

Destination: _____

TRAVEL RELEASE

I desire that my son/daughter be allowed to travel to and from the event listed above and to participate in this event. I fully understand and my son/daughter fully understands that participation in and transportation to and from the event listed above could create risk to the health or safety of my son/daughter. I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to my son/daughter in their transportation to and from and participation in this event. In consideration of Plano Independent School District's allowing my child to participate in the above-referenced activity and other good and valuable consideration, the receipt of which is acknowledged, I hereby release and waive all claims that I or my son/daughter may have against the Plano Independent School District, its Board of Trustees, employees, agents, and representatives resulting, in whole or part, from my son/daughter being transported to and from the event listed above or from my son/daughter participating in the activities at this event. The release and waiver shall be binding on my heirs, legatees, administrators, and assigns.

Printed Name of Parent/Guardian Signature of Parent or Legal Guardian Date

Printed Name of Student Signature of Student Date
(if 18 or more years of age)

NOTE: Student Medical/Emergency Information Card must be on file in the school office.