

Jim Barnes Middle School

Acknowledgment of Responsibility and Permission for Student Participation in Field Trip

I hereby give my consent for my son/daughter to attend school sponsored band trips as approved by school officials. 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 by third parties against it or them on behalf of my child.

I understand that the District, its Trustees, employees, and agents and 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.

Student's Last Name

Student's First Name

Parent/Guardian Signature

Parent/Guardian Printed Name

Home Address

City

Zip Code

Phone Number

Alternate Number

Second Alternate Number

Please list other phone numbers besides home phone/alternate numbers to call in case of emergency. These numbers will be used after the above have been called.

1. _____
Name Phone Relation

2. _____
Name Phone Relation