

Parent Waiver and Release of Claims and Consent for Medical Treatment for Student Travel

I, the undersigned parent or guardian, hereby give permission for my child or ward

_____, to participate in all trips occurring during the 2017-2018 school year and involving travel by Connally High School Band.

I am aware that, should the world situation make it necessary for the administration of the PfISD to cancel student travel, or if my child becomes ineligible to participate in the trip, the school district assumes no financial responsibility for any monies lost due to this action.

In regards to designated trips/activities, I release and discharge the Pflugerville Independent School District, its employees, officers, agents and assigns from all claims which I may have or which my heirs, administrators, or assigns may have or claim to have against Pflugerville ISD, its employees, officers, agents and assigns for all personal or property injuries caused by or arising out of designated CHS Band trips/activities.

For the same consideration, I recognize that student participation in certain trips/activities is voluntary, others mandatory, and I hereby expressly assume all risk of personal injury to participant and loss or damage to property of participant or any other loss of every nature.

I acknowledge that my child or ward understands that the trip/activity involves possible inherent risks of physical harm because of the nature of the trip/activity itself and/or the physical environment of the location(s) wherein the trip/activity is conducted and that it is the participants responsibility to use special care and caution, including but not limited to, appropriate protective apparel and/or equipment, to avoid risk of injury.

I understand that all PfISD school and CHS Band policies (as outlined in each handbook) will be enforced at all times. I also understand that the CHS Band, the sponsors of the trip/activity, as well as the hosts of CHS Band may have additional policies that will be enforced.

Finally, I authorize the sponsor(s) to consent to medical treatment of my child or ward, in the event of medical emergency.

I have read this Waiver and Release of Claims and Consent for Medical Treatment and understand all of its terms and conditions. I execute this Waiver and Release of Claims and Consent for Medical Treatment voluntarily and with full knowledge of its significance.

Date: _____

Printed name of student: _____

Signature of Parent/Guardian: _____

Address of Parent/Guardian: _____

Parent/Guardian Home Phone: _____ Work: _____

Cell _____