

**PERMISSION SLIP AND RELEASE**  
**Azle Independent School District**

I hereby certify that my son/daughter, \_\_\_\_\_, has my permission to participate in the following activity: \_\_\_\_\_, which is to be held \_\_\_\_\_.

**Date(s)**

I hereby waive and release all claims against the Azle Independent School District and any employee or representative of the District, except to the extent liability may be imposed by Texas law. Azle I.S.D. does not waive government immunity, nor do its Trustees, employees, or volunteers waive official, professional, or volunteer immunity. I agree to indemnify the District and its employees and representatives and hold them harmless from any claim for any injury or sickness, for any loss or damage to property that may be suffered by or occur to my son/daughter, or for any damages caused by my son/daughter during the activity or while traveling to and from the activity.

If, in the judgment of any school district representative, my son/daughter should need immediate care and treatment as a result of any injury or sickness and I cannot be contacted, I do hereby request, authorize, and consent to such care and treatment as may be given and do hereby agree to indemnify and save harmless the school district and any school representative from the claim of any person whomsoever on account of such care and treatment of my son/daughter.

My student has assured me that his/her conduct and dress will follow the guidelines of the Student Code of Conduct and any special rules that may be imposed especially for this trip. If there is a violation of conduct, dress code, or other rules, I understand that my student will be subject to discipline including without limitation, being sent home by the sponsor at no expense to the school or the sponsor.

I understand that students who participate in this activity are required to ride in transportation provided by the school to and from the activity. Exception may be made if the student's parent or guardian personally requests that the student be allowed to ride with the parent/guardian or presents a written request to the principal the day before the scheduled activity that the student be allowed to ride with an adult designated by the parent. The District is not liable for any injury that occurs to the student riding in vehicles that are not provided by the school.

Student's Full Name \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Day Phone \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Day Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Does student have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please list \_\_\_\_\_

Is student taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please list \_\_\_\_\_

Does student have any special health problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please list \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian