

STUDENT/PARENT AUTHORIZATION & RELEASE
FOR OFF-CAMPUS ACTIVITIES

The Texas City Independent School District (“TCISD”) offers a variety of learning activities at designated off-campus locations in which students will have an opportunity to participate. I hereby give permission for my son/daughter to participate in the various off-campus activities associated with the Texas City Performing Arts program. I understand that TCISD may not provide transportation to and from all activities. Students are expected to use school transportation to and from ALL activities, if provided. In the event that TCISD does not provide such transportation, I further understand that I must provide transportation for my son/daughter as a condition of his/her participation in that activity.

In consideration for allowing my son/daughter to participate in off-campus activities, I knowingly and voluntarily agree to assume full responsibility and assume all risk for any accident, loss, damage, and injuries he or she may sustain as a result of or arising out of any aspect of the activity. Furthermore, I, on behalf of myself, my son/daughter named below, our respective family members, and our respective heirs, legatees, executors, administrators, and assignees, hereby agree to release, acquit, discharge, and hold harmless TCISD, the TCISD Board of Trustees, and any agents, employees, representatives, insurers, successors, and assignees of the entities just named from any and all claims, demands, liabilities, actions or causes of action, of whatever kind or character, whether known or unknown, whether arising out of federal, state, or local statute or common law, including claims resulting from negligence, that I or my son/daughter may sustain arising out of any aspect of the off-campus activity, including, but not limited to, driving or riding to or from the off-campus activity.

PARENT/GUARDIAN – STUDENT RELEASE & AGREEMENT

I HAVE **DISCUSSED** AND **REVIEWED** ALL THE INFORMATION IN THE HANDBOOK WITH MY SON/DAUGHTER, AND I UNDERSTAND ITS CONTENTS AND MY RESPONSIBILITY AS TO THESE POLICIES AND CONDITIONS. MY SON/DAUGHTER HAS MY PERMISSION TO ATTEND DISTRICT AND OUT-OF-DISTRICT TRIPS AND SCHOOL-SPONSORED EXTRA-CURRICULAR AND CO-CURRICULAR ACTIVITIES. I UNDERSTAND THAT TEXAS CITY ISD AND TEXAS CITY HIGH SCHOOL WILL NOT BE LIABLE FOR INJURIES AND MEDICAL COST FOR STUDENTS. MY SIGNATURE ALSO SERVES AS PERMISSION FOR MY SON/DAUGHTER TO OBTAIN MEDICAL TREATMENT ON A SCHOOL-SPONSORED TRIP.

Student Name (Please Print)

Parent/Guardian Name (Please Print)

Student Signature

Parent/Guardian Signature

Date

Date