

Kerrville ISD
133903

STUDENT ACTIVITIES:
SECONDARY TRAVEL

FMG-R

**KERRVILLE INDEPENDENT SCHOOL DISTRICT
RELEASE OF LIABILITY FOR STUDENT PARTICIPATION
IN SCHOOL-SPONSORED LOCAL DISTRICT TRIP(S)
VIA ALTERNATIVE TRANSPORTATION**

Name of Activity: _____

Grade Level/Group or Program Name: _____

Date(s) of Activities - Departure: _____ Return: _____

Local Destination (in Kerrville ISD): _____

TRAVEL RELEASE

I desire that my son/daughter be allowed to participate in the activities and travel to and from the activities of the group listed above. Although school transportation may be provided to and from the activities, I desire that my son/daughter be allowed to participate in and travel to and/or from the activities via an alternative mode of transportation designated by me.

Designated Alternative Transportation: _____

(Printed Name of Driver)

I fully understand and my son/daughter fully understands that transportation to and from the events attended by the group listed 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 while traveling to or from the activities in transportation not provided by the District.

In consideration of Kerrville Independent School District's allowing my child to participate in the activities of the above-referenced group 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 Kerrville Independent School District, its Board of Trustees, employees, agents, and representatives resulting, in whole or part, from my son/daughter traveling to and from the events attended by the group listed above while traveling in transportation not provided by the District. The release and waiver shall be binding on my heirs, legatees, administrators, and assigns.

Printed Name of Parent/Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Printed Name of Student: _____

Signature of Student: _____ (if 18 or older) Date: _____

Sponsor/Coach Signature: _____ Date Approved: _____

**Note: Student Medical/Emergency Information Card must be on file in the school office.
Issued: April 2010**