



Ector County Independent School District  
802 N. Sam Houston  
PO Box 3912  
Odessa, TX 79760

**Ector County Independent School District  
Release of Liability And Permission To Participate  
In The Off-Campus Physical Education Equivalent Program**

I hereby give permission for my child to participate in the Off-Campus PE Program. I understand certain hazards are associated with this activity and hereby agree to assume any and all risks surrounding my child's participation in the program. I also assume any and all risk surrounding the transportation of my child to and from these activities.

I hereby release the Ector County Independent School District, its Board of Trustees, the school's employees, agents, and volunteers in both their official and individual capacities from any and all liability, claims, suits, damages or causes of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with his or her participation in this activity and his or her transportation described above.

I have read this Release and Permission to Participate form, I agree to the terms and conditions expressed herein.

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Printed name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Work Phone Number

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Student's Campus \_\_\_\_\_

*Completed packets must be turned into the Instructional Support Services Office 2 weeks prior to the 1<sup>st</sup> day of the fall or spring semester.*

*There will be no exceptions for late or incomplete applications.*