

Parent/Student Workshop Packet

Parent Release Form

I, _____ (print name of parent or guardian), give permission for my daughter/son _____ (print name of minor) to participate in an Aledo Independent School District sanctioned activity.

In doing so, I understand the following facts:

- My child will be supervised by representatives from Shattered Dreams planning committee, Aledo Independent School District, Aledo I.S.D Police Department, KDFW/Fox News Station, Aledo Volunteer Fire Department, Texas Department of Public Safety, Parker County Sherriff's Office, Galbreath-Pickard Funeral Home, Camp El-Tesoro, and volunteers
- My child will attend the overnight leadership retreat which will be held at Camp El-Tesoro on the night of the event and the morning after
- On the morning after the overnight retreat my child and I will attend a Mock Memorial Assembly immediately followed by a debriefing activity to help participants process their experience and bring closure to this activity
- I authorize photographs and/or video film to be taken of my child as he/she participate in the program. I further permit photographic negatives, prints and video film prepared during the program to be used to publicize this program for educational purposes to those in other communities
- I understand that this is a school sponsored event and all travel bags, sleeping bags, will be searched prior to the event in accordance with school policy

Name of activity: **Shattered Dreams 2023**

Date of activity: **April 20/21**

RETREAT LOCATION: **Camp El Tesoro, Granbury**

Transportation: **Aledo I.S.D. Vehicles, Police Cars, Medical / Ambulance / Helicopter and Hearse / Van**

Signature of Parent/Guardian _____ Date _____

Parent Release Form General Liability

I, _____ (name of parents), parents of _____ (child's name) hereby desire to participate in the Shattered Dreams Program to be held over a course of 2 unknown dates and **April 20/21**. The program will be held at KDFW/Fox News Studio, Mock Crash Site, Aledo High School, Aledo Independent School District's Administration Building and Camp El-Tersoro.

I fully understand and acknowledge all of the activities involved and the risks to be encountered by allowing my son/daughter to participate in the above-described activity.

I understand that if my son/daughter is involved in the mock party, he/she may be taken from school campus by an Aledo I.S.D. vehicle and transported to a volunteer's residence. I also understand if my son/daughter is involved in Mock Crash scene, he/she may be taken from school campus by Aledo I.S.D. vehicle, ground/air ambulance, law enforcement or hearse/van and transported to a medical center, law enforcement center, or funeral home. When summoned, I agree to proceed to the appropriate location in a safe and timely manner.

I, _____ (name of parent), agree to and hereby release and hold harmless Aledo Independent School District, Aledo I.S.D. Police Department, KDFW/Fox News Station, Aledo Volunteer Fire Department, Texas Alcohol and Beverage Commission, Texas Department of Public Safety, Parker County Sheriff's Office, Life Care Ambulance Service, Medical City Weatherford Hospital, Air Evac Ambulance Service, Galbreath-Pickard Funeral Home, Camp El-Tersoro, their trustees, employees, agents, sponsors, or volunteers.

In the case of emergency, and with the approval of an activity sponsor, I give my approval and authorization for first aid treatment and any other medical by local physicians and /or hospital, including surgical procedures, in the event that I cannot be contacted. I agree to accept responsibility for all charges incurred during this treatment.

Signature of parent/Guardian: _____

Date _____

Consent to be photographed, Filmed, Videotaped and/or Interviewed and Release Liability

I, the undersigned, hereby consent to be photographed, filmed, videotaped, and/or interviewed while a participant in the Aledo Independent School District sanctioned Shattered Dreams Program.

I agree that the Aledo Independent School District or any other companies may use or permit other persons to use negatives, prints, or video prepared from my photographs, words or written material reflecting my interview for any purposes and in such manners, they may choose, including but not limited to use in informational or promotional material including:

- **News Coverage by television, newspaper, radio, internet, or other media.**
- **Video News Releases**
- **Internal and External Video Productions**

I understand that I will not be paid or reimbursed in any way for current or future use of my likeness, words or ideas. I hereby give up any right to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied.

I hereby release and agree to indemnify and hold harmless Aledo independent School District, its affiliates and trustees, officers, employees, agents, patients, representatives, and volunteers from any injury and or damages sustained as a result of such photographing, filming, videotaping, and/or interviewing, including but not limited to claims of personal injury, property damage, and/or breach of confidentiality.

I have read and understand this consent prior to signing.

Signature of Parent Participant: _____ Date _____

Signature if Student Participant: _____ Date _____

Transportation Permission Slip
Shattered Dreams 2023

I give permission for my student, _____, to be transported by school bus, school-acquired charter bus, or sponsor-driven AISD vehicle to/from any Shattered Dreams function. I release Aledo ISD and any employee of Aledo ISD from any liability.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____