

Exhibit B—Acknowledgment of Responsibility and Permission for Student Participation in School-Sponsored Trip

I, _____ (*parent*), agree to allow my child,
_____ (*student's name*), to travel with a group or indi-
vidual on the trip(s) sponsored by the District as indicated below. I understand this is a trip
that is not required as part of any of the District's basic educational programs or courses. I
understand that while student safety is a high priority for the District, under state law, the
school is not responsible for medical, dental, or other costs associated with a student injury.

I expressly waive all claims for medical, dental, or other expenses, loss of services, or other
claims, and I agree to indemnify and hold harmless the District, its Board members, employ-
ees, and agents from all claims made against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Board members, employees, and
agents from all claims made by third parties against it or them which result from my child's
actions on the trip.

I understand that the District, its Board members, employees, and agents are not waiving
any sovereign or governmental immunity which it or they have under law.

I have read and understand this release and sign it voluntarily and with full knowledge of its
significance.

This release applies to the following trips:

Group	Place	Date

Parent's signature: _____

Date: _____

Please check below if you would like to be contacted about being a chaperone for this trip.

Yes, please contact me.