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FORM C

**ACKNOWLEDGMENT OF RESPONSIBILITY AND PERMISSION FOR
STUDENT PARTICIPATION IN FIELD TRIP**

I, _____ (parent), agree to allow my child, |
_____, (child's name), to attend the
_____ at _____. I under-
stand that while student safety is a high priority for the District, under state law, the school is not re-
sponsible for medical costs associated with a student injury.

I expressly waive all claims for medical expenses, loss of services, or other claims, and I agree to in-
demnify and hold harmless the District, its Trustees, employees, 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 Trustees, employees, and agents from all
claims made by third parties against it or them that result from my child's actions on the trip.

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

I have read and understood this release and sign it voluntarily and with full knowledge of its signifi-
cance.

Parent: _____

Date: _____

Daytime phone number: _____

I (will) (will not) be available to participate in this field trip as a chaperone.

Note: The sponsors of any field trip should take copies of each student's Authorization to Secure
Emergency Medical Treatment. [See FFAC(EXHIBIT)]
