

**WAIVER, RELEASE AND PERMISSION FOR CHOIR TRIPS 2009-2010**

**Student** \_\_\_\_\_  
Print Name Birthdate

**Parent or Legal Guardian (Print)** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

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**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Relationship** \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

List Any medicines student is now taking: \_\_\_\_\_

List any medicines to which student is allergic: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Health Insurance Number \_\_\_\_\_

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Description of trips: **Solo and Ensemble, Holiday In the Parks, All Region Tryouts, UIL sight-reading /competition, Hurricane Harbor competition and fun day, concerts, and any other school choir sponsored activities.**

I, the Parent or Legal Guardian of the Student named above, give my permission for student to participate in a trip to the destination(s) and on the approximate dates set out on the choir calendar, sponsored by Mansfield Independent School District, Mansfield, Texas.

I, the Parent or Legal Guardian and /or the Student will receive and verify an itinerary or information about each trip. I have been informed that the participants will be transported on public transportation, that the participants will perform in concert from time to time, that they will engage in incidental sightseeing and recreation as a group. I hereby waive and release any claim against Mansfield Independent School District, its agents and employees for any injury suffered by the student in connection with such trip.

I understand that execution of this document is a necessary condition precedent to the Student's participation on any trip.

Parent, or Legal Guardian, and Students acknowledge that because of the nature of the trip student is expected to conform to the rules, regulations, and direction of the Trip Director or the adult sponsors to

whom the Trip Director delegates responsibilities.

Parent or Legal Guardian and Student acknowledge that they have carefully read and understand this waiver, release and permission for trip.

If my child has a medical condition and might need attention while off school grounds, I will let the teacher know. All information will be kept confidential.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

Date \_\_\_\_\_