



STUDENT NAME _____

PARENT CELL PHONE _____ HOME PHONE _____

RELEASE OF ALL CLAIMS AND CONSENT TO MEDICAL TREATMENT
AND PARENTAL PERMISSION FOR EDUCATIONAL TRIP/ACTIVITIES

RELEASE MADE ON:

(Date)

BY (Parent/Guardian Name)

OF _____
(Address-Street, City, State, Zip)

AS _____ OF _____
(Parent/Guardian) (Name of Student)

In Consideration of permission granted the above-named student by the Round Rock Independent School District to attend Round Rock High School Orchestra Activities. I hereby release and discharge the Round Rock ISD, its agents, employees, and officers from all claims, demands, actions, judgments, and executions which I may or which my heirs, executors, administrators, or assigns may have or claim to have against the Round Rock ISD, its agents, employees, officers, parent-volunteers, successors in interest, or assigns for all personal injuries known or unknown, and from all known or unknown injuries to property, real or personal, caused by or arising out of the above described educational trip/activities.

I further hereby authorize a representative of the Round Rock ISD to consent to medical treatment of the above-named student in the event of an emergency on the trip/activity.

I, the undersigned, have read the Release and consent to medical treatment and understand all of its terms and conditions. I execute it voluntarily and with full knowledge of its significance.

(Signature of Parent/Guardian) (Date and Year)