

**Release of Liability and Authorization for
Participation in Extra-Curricular Activity
LUFKIN ISD**

By my signature I _____, the parent or legal guardian of
(Parent/Guardian Name)

_____ grant my permission and authorization for him/her to travel with
(Student's Name)

_____ and participate fully in a planned trip to begin on the ____ day of ____ 2023
(School Organization or Campus)

to _____. The students will be transported by school bus or school vehicle.
(Field Trip Location)

I understand that by my signature below I agree to the following:

1. I hereby release the Lufkin Independent School District, its Board of Trustees, Administrators, faculty, staff, and agents, including but not limited to the faculty sponsors (hereinafter referred to as "District") from any and all liability or responsibility associated with this travel and activity.

If this planned activity involves an organized water activity as that term is defined in Chapter 341 of the Texas Health and Safety Code, I affirm to the District that my student is:

[Initial one of the following.]

_____ able to swim or
_____ is at risk of injury or death when swimming or otherwise accessing a body of water.

2. I hereby authorize any of the adult leaders to obtain any and all necessary medical and or dental attention and/or treatment for my child if an emergency arises. I further authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and the Lufkin Independent School District, its officer, regents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action/s that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability. This authority is granted under the express provision and authorization of Section 32.001 ET seq. Of the Texas Family code.
3. I agree to indemnify and hold harmless the District for any damages based upon the negligent acts or omissions of the school district or adult leaders arising out of any incident during the activity. I further agree to indemnify the advisor, sponsors, chaperons, and adult leaders from all damages they may incur as a result of the negligence or intentional acts of my child.
4. I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity, which it or they have under Texas law.

A facsimile, Photostat, carbon, or other copy of this authorization is intended by me to be and shall be treated as an original. If my child has any medical problems, which would prohibit them from participating in these activities, I have made this known to the District in writing and I have been given the opportunity to discuss these problems with one or more of the advisors or adult leaders accompanying my child on this trip.

(Signature of Parent or Legal Guardian)

(Date)

(Emergency Contact Name)

(Phone)

List any medical issues: _____