

CONSENT, RELEASE & INDEMNITY FORM
STUDENT PARTICIPATION IN A SCHOOL-SPONSORED TRIP
GRAPEVINE –COLLEYVILLE INDEPENDENT SCHOOL DISTRICT

Recognizing that it is an educational benefit for students to participate in field trips and that it is not a requirement of the curriculum, parents/guardians are required to provide this signed consent and release form for their child to attend the below described field trip.

Name of Field Trip: 8th Grade Main Event Field Trip

May 31, 2013

Mode of Transportation: School bus

Origination Point: CMS

Destination Point:: Main Event

Termination Point: CMS

Time of Departure:9:30am

Time of Return: 2 pm

Number of Students: 230

Number of Adult Supervisors: 12

Cost Per Student: \$25

Student Should Bring: comfortable clothes, closed toed shoes

I, _____ (parent/guardian) am the parent and/or legal guardian of _____ (student). I hereby give my consent for _____ (student) to travel with and participate in Main Event Field Trip

I, and on behalf of my personal representatives, successors, and assigns, hereby agree to release, 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.

As per Board Policy FMG(LOCAL), students who participate in school-sponsored trips shall be required to ride in transportation provided by the school to and from the event. Exceptions may be made if the student's parent/guardian presents a written request to the principal before the scheduled trip, requesting that the student be allowed to ride with the parent, with another person designated by the parent, or that the student be allowed to drive him or herself to the event. The District shall not be liable for any injuries that occur to students riding in vehicles that the District does not provide. I, and on behalf of my personal representatives, successors, and assigns, hereby agree to release, indemnify and hold harmless the District, its trustees, employees, and agents from all claims made against it or them that result from my request to use alternate transportation.

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 understand this information and sign it voluntarily with full knowledge of its significance. I also understand that if I choose for my child not to participate in this field trip that an alternate activity will be provided for my child at the campus.

My child **may** participate in this activity.

Student Name (Please print)

(Parent Signature)

(Date)

Student's Signature (If 18 years old)

(Date)

In case of an emergency, please contact one of the following:

1. _____
Name Phone number with area code

2. _____
Name Phone number with area code

Parents/guardians are encouraged to consult with an attorney to understand their rights and obligations before signing this form.

FIELD TRIP EMERGENCY FORM
Grapevine-Colleyville Independent School District

Name _____ Birth date _____ Sex _____ Age _____

Parent or Guardian _____

Home address _____

Home Telephone Number _____

Work Telephone Number _____

Cell/Emergency Telephone Number _____

Name of Family Physician _____ Phone _____

Current Medications Student is taking: _____

Any significant health related information important for teachers to know while your child on this field trip:

Does your child have asthma? Yes _____ No _____

If yes, does he/she use an inhaler? Please put name of inhaler here. _____

Health Insurance Information:

Carrier _____ Policy/Group Number _____

Emergency Authorization: In the event of an emergency, I hereby authorize GCISD to seek emergency medical assistance for my child.

Parent/Guardian Signature _____

YOUR CHILD WILL NOT BE ALLOWED TO ATTEND THIS FIELD TRIP WITHOUT THE ABOVE SIGNATURE.