

WAIVER, RELEASE, AND PERMISSION

Parent or Legal Guardian: _____

(Print Name)

(Address)

(City)

(Home Phone #)

(Cell Phone #)

(E-Mail Address)

Student: _____

(Print Name)

(Birth Date)

Description of trip: Includes All-District, Region, Area, State auditions, clinics/concerts; All UIL sight-reading/concerts; choir trips, festivals, and other school sponsored activities.

Trip Duration: August 1, 2025-July 31, 2026

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 above, sponsored by Mansfield Independent School District, Mansfield, Texas.

I, the Parent or Legal Guardian and/or the Student, have received and verified an itinerary or information about the 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, and that they will stay in public accommodations. I hereby waive and release and 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 the trip.

Parent, or Legal Guardian, and Student acknowledge that because of the nature of the trip the student is expected to conform to the rules, regulation, and direction of the Trip Director or the adult sponsors to whom the Trip director delegates responsibilities. Further, Parent, or Legal Guardian, and Student consent to such reasonable disciplinary action as the Trip Director in his sole judgment may impose on Student from time to time during the trip, including delivering student to a port of public transportation for returning home without escort, in the event of substantial infraction of the Trip Director's rules or direction. If the Student is returned home for disciplinary reasons, Parent or Legal Guardian agrees to reimburse Mansfield Independent School District for all expenses reasonably incurred as a result.

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

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, the Parent, Legal Guardian, or Student named above (whether one or more of us), give my/our consent for the administration of any treatment deemed necessary in the event of a medical emergency concerning the Student to each of the Attorneys-in-fact, whether one or more, named above, whether acting solely or in concert.

I authorize each Attorney-in-Fact, on behalf of the student, to consent to any necessary X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and for hospital care.

I understand that in the event of a medical or dental emergency an Attorney-in-Fact, or other Mansfield Independent School District official will attempt to contact me as soon as possible, but such contact is not a necessary prerequisite to the authority granted herein.

The Student is a participant on an authorized school trip of the Mansfield Independent School District, Mansfield, Texas, USA. This authorization expires upon the return of the Student to Mansfield, Texas, or July 31, 2026, whichever occurs earlier.

Any hospital or practitioner not having access to Student's medical history needs the following information:

Allergies: _____

Medication being taken: _____

Physical impairments: _____

Emergency Contact : _____ Phone: _____

Address: _____ City: _____

Zip: _____

Other pertinent facts to which I should be aware of: _____

Dated: _____

(Parent or Legal Guardian Signature)

(Student Signature)