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**RELEASE OF LIABILITY FOR STUDENT PARTICIPATION IN SCHOOL-RELATED ACTIVITIES VIA ALTERNATIVE TRANSPORTATION**

**Lone Star High School Tennis**

Name of Organization/Class/Program: \_\_\_Athletics\_\_\_\_\_\_\_

Activity Requiring Transport: \_\_\_Team Tennis\_\_\_\_\_\_

Dates/Range of Dates: \_9/8/20 - 10/31/20\_\_\_\_

Destination(s): **\_\_\_Frisco ISD tennis venues\_\_\_\_**

**TRAVEL RELEASE**

I desire that my child be allowed to participate in the activity and travel to and/or from the activity of the group listed above. Although school transportation may be provided to and/or from the activity, I desire that my child be allowed to participate in and travel to and/or from the activity via an alternative mode of transportation (**please initial all that apply below**).

***Options available for transportation to and from Frisco ISD venues/facilities:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My child has permission to participate by driving to and from the destination(s) listed.

\_\_\_\_\_N/A\_\_\_\_\_ My child has permission to drive to and/or from the destination(s) listed and transport

other students in the car with them.

\_\_\_\_N/A\_\_\_\_\_\_ My child has permission to ride with another student driver to and from the destination(s) listed.

***Option available for transportation to and from Frisco ISD venues/facilities or venues/facilities outside of Frisco ISD:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My child will ride with me or his/her mother/father/guardian to and from the destination(s) listed.

Each student and his/her parent/guardian agrees to assume all risk of, and responsibility for, personal injury or death to, or damage to or loss of property of, the student arising from, based upon or relating to the student’s participation in the trip. Each student and his/her parent/ guardian understands and agrees that, in the event of any injury to the student, the District will not be held responsible for any decision relating to medical treatment for the student or for such treatment itself.

If my child is driving to and/or from a destination listed, I certify that my child has a valid driver’s license and auto insurance with Texas mandated levels of coverage.

I hereby waive, release, and discharge Frisco Independent School District, its Board members, officers, and employees from any claim, demand, or cause of action arising out of the transportation herein provided and agree to indemnify and save harmless the Frisco Independent School District and its employees from all claims for loss, damage, or injury sustained by me/designee or by my child named above.

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Student’s Name

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Parent/Guardian Signature Date