McKINNEY

INDEPENDENT SCHOOL DISTRICT

RETURN TO SCHOOL BY: _____

RELEASE OF ALL CLAIMS
Parent Permission for Educational Field Trip

Name of Student: _____
RELEASE made by: _____
(**circle one**: parent or legal guardian)
_____
(address, city, state, zip code)
RELEASE made on: _____ day of _____ 20_____
(day) (month) (year)

The student, and the undersigned parent or legal guardian of the above-named student, in consideration of the right to attend:

Date of Event (s): **ALL SPECIAL OLYMPICS EVENTS FOR THE SCHOOL YEAR**
Time of Event (s): **Schedule of events will be communicated to parents**
Description of Event: _____
_____

to the extent permitted by law, do hereby release and forever discharge the McKinney Independent School District, (hereinafter the "District") its agents, employees and officers from all claims, demands, actions, right of action, which I may have or which my heirs, executors, administrators, or assigns may have or claim to have against the District which arise out of or are in any way connected with personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of, the above described educational field trip.

I understand that every reasonable effort will be made to contact me in the event of acute illness or other emergency requiring medical attention. However, if I cannot be reached, I hereby authorize the District to transport or authorize the transport by ambulance of my child to the nearest medical care facility and to authorize any and all necessary medical treatment arising from said emergency.

I understand that any and all costs incurred as a result of above-mentioned medical care will remain my responsibility. I further understand that these costs may include, but are not limited to, ambulance, private physician, clinic, hospital, dentist, or other urgent care personnel.

I, the undersigned, have read this entire release and understand that the terms contained herein are contractual. Further, I consent to medical treatment according to the terms of this agreement and accept responsibility for all costs incurred. I understand that failure to return this form will act as lack of consent for participation and student will not be allowed to participate in field trip.
I execute this voluntarily and with full knowledge of its significance.

_____
Signature of Parent/Guardian Date and Year

_____
Daytime contact number