



## Wylie East High School

Dr. David Vinson  
Superintendent

Mike Williams, Principal  
Dr. Donna Edge, Asst. Principal  
Casey Whittle, Asst. Principal  
Shawn Miller, Asst. Principal  
Keith Kirkpatrick, Asst. Principal

### **Acknowledgement of responsibility and permission for Student participation in school-sponsored trips**

I, (parent / guardian name printed) \_\_\_\_\_, agree to allow my

child, (child's name printed) \_\_\_\_\_ to travel with a group or individual associated with the District on the trip(s) indicated below. I understand that while student safety is a high priority for the District, under state law, the school is not responsible for medical costs associated with a student injury.

I expressly waive all claims for medical expenses, loss of services, or other claims; and I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made against it or them on behalf of my child.

I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made by third parties against it or them, which result from my child's actions on the trip.

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.

I have read and understood this release and sign it voluntarily and with full knowledge of its significance. This release applies to the trip(s) to be taken by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Note: The sponsors of any student trip should take with them copies of each student's Authorization to Secure Emergency Medical Treatment.

3000 Wylie East Drive, Wylie, Texas 75098-0490 (972)