

BROCK CARTWRIGHT
Superintendent/HS Principal
806-226-7331

AMY TAYLOR
High School Counselor
806-226-2191

M'LYNN MILLER
Technology Director
806-226-7331



KENDRA SHERRILL
Elementary Principal
806-226-3522

JESSIE BEVILL
Elementary Counselor
806-226-3522

JOHN MOFFETT
AD/Dean of Students
806-226-2191

Fifth and Vine Street/P.O. Box 209
Claude, TX 79019
Fax 806-226-2244

RELEASE OF LIABILITY FOR STUDENT PARTICIPATION IN FIELD TRIP OR ANY SCHOOL-SPONSORED TRIP

I, _____, agree to allow my child, _____,
(parent) (child's name)

to travel with a group or individual associated with the Claude Independent School District, and agree to assume any and all liability and hold the District, its Trustees, employees, and agents harmless from all claims or actions which I or my child ever had, now have, or may have in the future or any liability for injuries or damages which occur to my child or to me as a result of his or her participation in this trip. I expressly waive all claims for medical expenses, loss of service, or other claims to which I may otherwise be entitled and I agree to indemnify and hold harmless the Claude Independent School 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 Claude Independent School 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 understand that the District may at times utilize private vehicles to transport my child on trips.

I have read and understand this release and sign it voluntarily and with full knowledge of its significance. The trip to which this release applies is the trip by _____.
(group or organization)

to be taken to _____ on _____.
(site or place) (date/s)

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

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

"Where Every Child Succeeds"