

Marion High School
Marion Independent School District

CONSENT TO PARTICIPATE IN STUDENT ACTIVITY

Marion High School and Marion ISD is proud to offer the opportunity for our students to participate in the _____
[describe event, trip, or activity including the group, destination, and date of departure].

We ask that you read and sign this form as a condition of your child's participation in the activity.

PLEASE NOTE THAT THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE OF LIABILITY FOR INJURIES OR DAMAGES SUFFERED AND AN AGREEMENT TO INDEMNIFY MARION ISD FOR CLAIMS ASSERTED AS A RESULT OF SUCH INJURIES OR DAMAGES. IF YOU HAVE QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU ARE ENCOURAGED TO CONSULT LEGAL COUNSEL.

I, as _____ (parent or guardian) of _____,
desire that my child participate in _____ [describe the
event, trip, or activity, including the group, destination, and date of departure] and grant permission for
my child to participate in and attend. This participation includes travel to and from the activity. I realize
that any event involves some possible inherent risk of injury to my child. I understand that this trip will
involve _____ [describe
what specific activities the trip will involve], which may create risks related to the activity.

I VOLUNTARILY WAIVE ANY AND ALL ACTIONS, CLAIMS, AND DEMANDS FOR, UPON, OR BY REASON OF
ANY DAMAGE OR LOSS TO PERSON OR PROPERTY THAT I OR MY CHILD/WARD MAY DIRECTLY OR
INDIRECTLY SUFFER DURING THE COURSE OF OR AS A RESULT OF PARTICIPATING IN THIS EVENT,
INCLUDING CLAIMS OR DEMANDS OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE
NEGLIGENCE OF THE MARION INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES,
REPRESENTATIVES AND AGENTS IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND
ALL SUCH CLAIMS, WHETHER BY ACT OR OMISSION.

I further understand that, as a parent or legal guardian, I may be held responsible if my child causes
bodily injury to other individuals, causes property damage to personal or real property, or engages in
conduct that gives those individuals harmed the right to restitution. In the event third parties bring
claims resulting from my child's actions on the trip, I HEREBY AGREE TO INDEMNIFY AND HOLD
HARMLESS THE MARION INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, AND AGENTS, IN
BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS.

I understand that this release will bind me, my assigns, my personal representatives, and my heirs. I have read and understood this Consent to Participate in School Activity and have signed it voluntarily with full knowledge of its significance, in valuable consideration of my child's participation in the event.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Student Signature (required if student is 18 or older)

Date

In case of an emergency, the following individuals may be contacted at the numbers below if I am not available.

Name (please print)

Phone number

Name (please print)

Phone number