



# Barbers Hill Transportation Release

Dear Participants and Parents:

On Aug 2017-Aug 2018, Goose Creek Sp Olympics will attend  
(Date) (Sponsor)  
multiple events to Multiple Locations  
(Activity) (Location)

We require parent permission which places full responsibility, as far as injuries, etc., on the parent(s) for each participating student. We will take all possible precautions to avoid injury, but we cannot be responsible should an accident occur.

**I UNDERSTAND THAT MY PARTICIPATION IS SUBJECT TO THE SAME REQUIREMENTS GOVERNING REGULAR EXTRACURRICULAR CAMPUS ACTIVITIES AND AGREE TO FOLLOW SCHOOL RULES.**

Participant's Signature \_\_\_\_\_

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## BARBERS HILL INDEPENDENT SCHOOL DISTRICT CONSENT AND RELEASE FROM LIABILITY

I acknowledge that I have been made aware of any and all risks of participation in this activity, and I hereby approve of the participation in the activity by the above-signed Participant. I represent that the above-signed Participant has adequate health insurance necessary to provide for and pay any medical costs that may be incurred as a result of injury.

I acknowledge that I am voluntarily executing this agreement of my own free will. After having the opportunity to consult with legal counsel of my own choosing, I acknowledge and understand that this agreement will absolve the Barbers Hill Independent School District, its Trustees and employees from any liability in connection with any injury or harm suffered as a result of the above-signed Participant's participation in the above referenced activity. It is my express intent that this release shall bind the members of the Participant's family, estate, heirs, administrators, personal representatives, or assigns.

I further state that I am either the Participant's parent or legal guardian, and am fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Participant, and for the Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by same.

**THIS IS A RELEASE OF LEGAL RIGHTS WHICH WAS READ BEFORE SIGNING.**

Parent/Guardian Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_  
Work Home