

*Schertz-Cibolo-Universal City ISD*  
**ACKNOWLEDGEMENT OF RESPONSIBILITY AND PERMISSION  
FOR STUDENT PARTICIPATION IN SUMMER DRAMA CAMP**

We (parents/guardians) agree to allow our child/ward, \_\_\_\_\_, to participate in and/or attend Summer Drama Camp to the Schertz-Cibolo-Universal City Independent School District during the summer of 2010. We understand that our children will be supervised by District employees or volunteers serving as chaperones for the activity. We 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. **We agree to release, discharge and hold harmless the District, its Trustees, employees, and agents, in their official and individual capacities, from all claims for personal injury or property damage arising out of or in any way related to the educational tours, fine arts activities, co-curricular and extracurricular travel and activities, field trips and/or sports events sponsored by or related to the school district, including those arising as a result of the negligence of the District, its Trustees, employees and agents, whether by act or omission.**

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

We 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 any educational tour, field trip and/or sports event sponsored by or related to the school district.

**Consent to Medical Treatment**

We authorize a representative of the District to consent to medical treatment of our child/ward, \_\_\_\_\_, in the event of medical emergency of any and all educational tours, field trips and/or sports events sponsored by or related to the Schertz-Cibolo-Universal City Independent School District during the week of June 14<sup>th</sup> – 18<sup>th</sup> of 2010. We have read this **Consent to Medical Treatment** and execute it voluntarily and with full knowledge of its effect.

We understand that the District, its Trustees, employees and agents are not waiving sovereign or governmental immunity which it or they may have under Texas law.

We have read and understood this release and sign it voluntarily and with full knowledge of its significance.

Date: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Mother/Female Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Father/Male Guardian

\_\_\_\_\_  
Printed Name