

Plano ISD
043910

STUDENT ACTIVITIES
TRAVEL

FMG
(EXHIBIT)

EXHIBIT E
(English version)

PLANO INDEPENDENT SCHOOL DISTRICT
RELEASE OF LIABILITY FOR STUDENT PARTICIPATION
IN SCHOOL-SPONSORED TRIPS VIA ALTERNATIVE TRANSPORTATION

Name of activity: _____

Grade level/group attending: _____

Date(s) of activities—Departure: _____ Return: _____

Destination: _____ City: _____

TRAVEL RELEASE

I desire that my student be allowed to participate in the activities and travel to and from the activities of the group listed above. Although school transportation may be provided to and from the activities, I desire that my student participate in and travel to and/or from the activities via an alternative mode of transportation. This alternative mode is with my student's parent or legal guardian, by use of his or her personal legal driver's license, or through other means of travel which I have arranged and approved. Students are not permitted to ride with other students driving unless they are siblings. While Plano ISD recommends that students stay with the group whose functions they are attending, Plano ISD will attempt to accommodate parents' requests in specific circumstances.

I fully understand and my student fully understands that transportation to and from the events attended by the group listed could create risk to the health or safety of my student. I understand that if my student leaves the group, Plano ISD will have no ability and no responsibility to protect my student. I further recognize that my student may be at risk when travelling unaccompanied by Plano ISD-affiliated person(s), but I have independently evaluated my stu-

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joint, contributory or otherwise, against the District or claims against the District arising under the Texas Torts Claims Liability Act. The release and waiver will be binding on my heirs, legatees, administrators, and assigns.

Printed name of parent or guardian: _____

Signature of parent or legal guardian: _____ Date: _____

Printed name of student: _____

Signature of student: _____ Date: _____

Printed name of sponsor/coach: _____

Sponsor/Coach signature: _____

Printed name of administrator: _____

Administrator signature: _____

Date approved: _____

Note: Student medical/emergency information card must be on file in the school office.
