Fort Worth Independent School District Parent Permission, Release, and Indemnity Trips Form

I hereby certify that my son/daugh	nter			
		(Name of Pupil)		
has my permission to participate i	n the trip of the _			
		(Class or Sponsoring Group)		
on the day of (date) (month)	,, to			
(date) (month)	(year)	(Location or Description of A	ctivity)	
To the best of my knowledge, he suffering from any disease or injur	or she is physic	ally fit to engage in such act	ivity and is no	
I agree and do hereby waive a employee, or other person engage from any and all liability relating may be suffered or any loss of prop	d in the activity to my son or da	in question and agree to hold ughter for any personal injury	them harmless	
It is understood that no child will signed by his or her parent or guard	lian.			
Signed at, Texas, the (city)	is	day of		
(city)	(date)	(month)	(year)	
(Signature of Parent or Guardian)				
(Street Address)		(Zip Code)	·	
(Telephone Number)				
Form 829				

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