| Spring Branch ISD<br>101920   |  |
|---|--|
| STUDENT ACTIVITIES<br>TRAVEL  | FMG<br>(EXHIBIT)   |
| EXHIBIT C   |  |
|   | Teacher Name   |
| SPRING BRANCH INDEPEN<br>955 CAMPBELL ROAD, H<br>PARENT PERMISSION AND R<br>STUDENTS PARTIC   | OUSTON, TEXAS 77024<br>RELEASE OF LIABILITY FOR  |
| , a student at,   | School,<br>School  |
|   |  |
| has my permission to travel via school-arranged transpo   | Location   |
| on, departing at  | and returning at   |
| to participate in   |  |
| to participate inActivit  | у  |
| I understand that students on trips are subject to school<br>Discipline Management Plan and Student Code of Cond<br>abide by these regulations may result in disciplinary action<br>in a student being sent home immediately at the pare  | uct, concerning dress and conduct, and that failure to on. <b>Failure to follow these regulations may result</b>   |
| I hereby release the Spring Branch Independent School<br>volunteers, and/or representatives from any and all liabil<br>collectively, for any damages or injuries that might be red<br>to and from such trip destinations, except for those for w<br>and/or representatives have effective insurance coverag | ity and/or claims and/or cause of actions individually or<br>ceived during class activity, on trips, or while traveling<br>hich SBISD, its supervisors, employees, volunteers, |
| In order to participate in this trip, each student must have  | e written permission from the parent/guardian.   |
| Please sign below to grant permission for your child to g   | o on this trip.  |
| Signature of Parent/Guardian Date   | Date   |
| Special health or dietary needs:  |  |
|   |  |
| In case of emergency, please contact:   |  |
| Parent/Guardian Name (printed)  | Phone Number   |
| Name (printed)  | Phone Number   |
| This section is to be completed by Trip Sponsor:  |  |
| This document will be presented to appropriate personne care, or hospitalization may be required.   | el at such time as emergency medical, dental, surgical   |
| Closest medical facility to event:  |  |
| Address:  | Phone:   |
| DATE ISSUED: 4/6/2015<br>LDU 2015.04  | 1 of 1   |

| DATE ISSUED: 4/6/2015 |  |
|-----------------------|--|
| LDU 2015.04           |  |
| FMG(EXHIBIT)-X        |  |
|                       |  |