



Mansfield Independent School District Parent Permission, Release, and Indemnity Form

I hereby certify th	at my son/daughter		has my
	(Stud	lent Name) AVID	Students
permission to part	ticipate in the trip of the	e	
28th	February	2015	UT Arlington (Location or Activity Description)
(Date)	(Month)	(Year)	(Location or Activity Description)
not suffering from I agree and do her employee, or othe harmless from any illness that may be It is understood the	n disease or injury. The reby waive and release a ser person engaged in the yand all liability relating e suffered or any loss of	all claims aga activity in q ag to my son/ f property tha	inst the MISD and any teacher, uestion and agree to hold them daughter for any personal injury of the may occur to my son/daughter. pate in this activity until this form
Signed in	, Texas, this _	(Date)	day of
(Signature of Parent or Gu		_	Celephone Number)
(Physical Address)		<u></u>	F-mail Address)