



**RELEASE OF LIABILITY AND
PERMISSION TO PARTICIPATE IN THE
OFF-CAMPUS PHYSICAL EDUCATION SUBSTITUTION PROGRAM
KILLEEN INDEPENDENT SCHOOL DISTRICT**

I hereby give permission for my child _____ to participate in the Off-Campus Physical Education Substitution Program. I understand certain hazards are associated with this activity and hereby agree to assume any and all risks surrounding my child's participation in this program. I also assume any and all risks surrounding the transportation of my child to and from these activities.

I hereby release the Killeen Independent School District, its Board of Trustees, the school's employees, agents, and volunteers in both their official and individual capacities from any and all liability, claims, suits, damages or causes of action whatsoever for any property damage or personal injury sustained by my child that may arise in connection with his or her participation in this activity and his or her transportation described above.

Having read this Release and Permission to Participate form, I agree to the terms and conditions expressed herein.

Signed this _____ day of _____, 20__

Parent or Legal Guardian Name (Print)

Parent or Legal Guardian Signature

Home Phone Number

Work Phone Number

Student's Name: _____

Student's ID#: _____

Student's Date of Birth: _____

Student's Campus: _____