

**ROCKWALL INDEPENDENT SCHOOL DISTRICT
Alternate Student Travel for School Events**

Name of Activity: _____

Grade Level/Group Attending: _____

Date(s) of Activities: _____ **Departure:** _____ **Return:** _____

Destination: _____ **City:** _____

Release of Liability for Student Participation in School-Sponsored Trip(s)

I desire that my son/daughter 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 son/daughter be allowed to participate in and travel to and/or from the activities via an alternative mode of transportation. This alternative mode is strictly limited to travel to and/or from the activity with:

- My son/daughter's parent _____
- My son/daughter's legal guardian _____
- My son/daughter's personal legal driver's license _____
- Another adult designated by parent _____

Students are not permitted to ride with other students unless they are siblings. Rockwall Independent School District will not allow any other alternative mode of transportation.

I fully understand and my son/daughter fully understands that transportation to and from the events attended by the group listed could create risk to the health or safety of my son/daughter. I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to my son/daughter while traveling to or from the activities in transportation not provided by the District. In consideration of Rockwall Independent School District allowing my child to participate in the activities of the above-referenced group and other good and valuable consideration, the receipt of which is acknowledged, I hereby release and waive all claims that I or my son/daughter may have against the Rockwall Independent School District, its Board of Trustees, employees, agents, and representatives resulting, in whole or part, from my son/daughter traveling to and from the events attended by the group listed above while traveling in transportation not provided by the District. The release and waiver shall be binding on my heirs, legatees, administrators, and assigns.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Student

Additional Signature of Student (if 18 years or older)

Date

Note: Student Medical/Emergency Information Card must be on file in the school office.