



**PARENT PERMISSION
FORM**
2024-2025 School Year

I/We, the parent(s)/guardian(s) of _____, give our expressed permission for him/her to participate in the _____ to be held in _____ on _____ 20___. I/We further agree to indemnify and hold harmless, BIRDVILLE I.S.D. and the teachers, and any volunteer leaders or directors, for any harm which might befall my/our son/daughter. I/We understand that both prudent and reasonable care will be taken to insure his/her safety.

I/We give my/our express permission for you to seek emergency medical treatment, to include surgery, should such an emergency arise, for our son/daughter.

I/We also give permission for images of the participant captured during the event to be used for promotional material and publications and waive any rights of compensation or ownership thereto.

I/We understand and agree to the above conditions and rules on the Student Conduct Practices and Procedures document as indicated by my/our signature(s) below.

Parent's/Guardian's Signature(s): _____ Date: _____

My signature signifies that I agree to abide by Student Conduct Practices and Procedures document.

Student's Signature(s): _____ Date: _____

