Dear Parent(s)/Guardian:

A field trip to JFK 60th Anniversary Speech at Rice University has been scheduled by your child’s teacher and principal for Monday, September 12, 2022.

The trip will be made by school bus, private carrier company, or by private passenger vehicle leaving the school at 9:00-10:00am and returning at 1:00-2:00pm.

A teacher-sponsor will accompany this group and will work with the students to accomplish the educational objectives of this trip. If you wish for your child to participate in this important field trip, it is required that you complete and sign the bottom of this form and return the entire form to the teacher-sponsor the following school day. Please make note of the details for your records.

The cost of the trip is $0.00. If you are unable to pay this fee, you may request a waiver. For lunch you child will need: N/A lunch provided upon return to campus.

This form MUST be signed and returned. Parent approval may NOT be obtained by telephone.

[Signatures]

This is to certify that _____________ has my permission to go on the above listed field trip with this group. I am requesting a fee waiver for the cost of this activity Yes No.

In case of emergency, I may be reached at:

[Contact information]

(Parent/Guardian Signature) (Date)

Return this entire form to the school.
STUDENT MEDIA CONSENT AND RELEASE FORM

This release allows the Houston Independent School District (HISD) to print, photograph, and record my child for use in efforts to promote HISD’s activities and achievements. The consent includes allowing my child to be included and/or featured in materials to train teachers and/or increase public awareness of HISD schools through digital and print media including: newspaper, radio, TV, websites, blogs, and social media channels (Facebook, Twitter, YouTube, etc.), DVDs, displays, and brochures. This release includes the use of my child’s work, name, image, and/or voice.

☐ I attest that I am the parent or guardian of ____________ and I GIVE HISD and its employees and representatives permission to print, photograph, and record my child for use in electronic, digital, and printed media.

☐ I attest that I am the parent or guardian of ____________ and I DO NOT GIVE HISD and its employees and representatives permission to print, photograph, and record my child for use in audio, video, film or any other electronic, digital, or printed media.

I agree to release the Houston Independent School District, its past, present and future trustees, officers, employees, representatives, and agents, from any and all liability, claims, demands, and causes of action arising out of the use of this material.

I certify that I have read this document and fully understand its terms and conditions. I also understand that I may withdraw consent at any time by sending a written request to the principal of my child’s school.

PLEASE PRINT

Name of child ____________________________ Grade __________________________

Address __________________________________________________________

City, State, Zip __________________________

Name of parent or guardian ________________________________

School ________________________________

Signature of parent or guardian ________________________________

Date __________________________ Phone Number __________________________

HISD Media Relations | July 2018
Media Release for Parent and Minor

I, ________________________________, am the parent/guardian/legal representative of
(Please print your name)

______________________________ and do hereby give permission
(Please print name of child)

for the above-named minor child (hereinafter "Minor") to be photographed and/or videotaped by NASA or its representatives. I understand and agree that the photographs and/or videotapes containing the image and/or voice of the Minor may be used in the production of instructional and/or promotional materials produced by or on behalf of NASA (hereinafter the "Program") and that such materials may be distributed or broadcast to the public and displayed publicly. I also understand that my permission to use the photographs and videotapes is for an unlimited duration and that neither I nor the Minor will receive any compensation for granting this permission or for the use, if any, by NASA of the Minor's image and/or voice.

I acknowledge that NASA has no obligation to use the Minor's image or voice in connection with the Program.

I hereby unconditionally release NASA and its representatives from any and all claims and demands arising out of the activities authorized under the terms of this agreement.

By signing below, I represent that I am at least 18 years of age and am the parent/guardian/legal representative of the above-named Minor. I have read the foregoing agreement and am familiar with all of the terms and conditions thereof and I consent to its execution by the Minor. I agree that neither I nor the Minor will revoke or disaffirm the this agreement at any time.

Signature of Parent/Guardian/Legal Representative of Minor: ________________________________

Relationship to Minor: ________________________________ Date: __________

Name and Location of Event: Rice University - JFK-60th Anniversary "Moon Shot" Speech

Signature of Minor: ________________________________