RELEASE OF LIABILITY FOR STUDENT PARTICIPATION IN TRIP WITH
DESTINATION OUTSIDE THE UNITED STATES

STATE OF TEXAS
COUNTY OF HARRIS

WHEREAS It is recognized that trips to destinations outside the United States of America pose risks to travelers; and

WHEREAS the parent(s) and or guardian(s) of the student named below recognizes these risks but still wishes to allow his/her child/ward to travel to a destination outside the United States of America with a group of individuals associated with the Houston Independent School District (HISD);

NOW THEREFORE, the parent(s) or guardian(s), as consideration for the named student to participate in the trip, agrees as follows:

I, the undersigned, agree to assume the risk to my child/ward of his or her traveling to a destination outside the United States of America described in this Release of Liability (Release).

In consideration for my child/ward being permitted to participate in the trip to a destination outside the United States of America, I voluntarily execute this Release with the express intention of releasing the HISD, its trustees, agents and employees and the sponsors and chaperones for this designated trip from all obligations designated in this Release. I hereby expressly release and agree to hold harmless on my behalf, and on behalf of my child/ward, the HISD, its trustees, agents and employees and the sponsors and chaperones who participate in the described trip, from all claims or actions of whatsoever nature, in tort or in contract, which I or my child/ward ever had, now have, or may leave in the future against the HISD, its trustees, agents and employees and the chaperones and sponsors on the trip described, from any liability for injuries or damages which occur to my child/ward or to me as a result of his or her participation in this trip. I expressly waive all claims for medical expenses and wages to which I may otherwise be entitled, and I agree to indemnify and hold harmless the HISD, its trustees, agents and employees and the sponsors and chaperones from all claims made against it or them on behalf of my child/ward.

I agree that neither the HISD or its trustees, agents, employees or the sponsors or chaperones is liable for injuries or damages caused by my child/ward on this designated trip. I agree to indemnify and hold harmless the HISD, its trustees, agents and employees and the sponsors and result from my child/ward’s actions on the designated trip.
Release of Liability (continued)

I recognize that the HISD has sovereign or governmental immunity under Texas law, and that its trustees, agents and employees and the sponsors and chaperones involved in this trip also have some degree of sovereign or governmental immunity under Texas law. I understand that by requiring the execution of this Release as consideration for my child/ward to participate in the designated trip, the HISD, its trustees, agents and employees and the sponsors and chaperones are not waiving any sovereign or governmental immunity which it or they have under Texas law.

I, the undersigned, have read this Release and understand all of its terms. I have executed it voluntarily and with full knowledge of its significance.

This Release is executed on my behalf and on behalf of my child/ward _________________________. This trip to destination outside of the United States of America to which this Release applies is the trip by ________________________ to be taken to ________________________ on the dates of ________________________ through _________________________.

DATE:

_________________________, 200 ___ By: ________________________

Parent or Guardian

_________________________, 200 ___ By: ________________________

Parent or Guardian

BEFORE ME, the undersigned authority personally appeared ________________________ and ________________________ and, after being duly sworn, deposed and said that (he/she/they) signed this Release for the purpose and consideration state in the Release.

SWORN TO AND SUBSCRIBED before me this _____________________ day of ________________________, 200 __.

_________________________, 200 ___

NOTARY PUBLIC in and for the State of TEXAS

Name: ________________________

My Commission Expires: