

ALTERNATIVE STUDENT/ATHLETE TRAVEL FOR ATHLETIC EVENTS



TODAY'S DATE _____ DATE OF EVENT _____

My son/daughter, _____, requests permission to travel from today's athletic event with his/her parent/guardian, _____. I agree not to make a claim against any FISD insurances and indemnify/hold harmless FISD, its officers, agents, and employees against all claims and lawsuits for damages or injuries to my son/daughter as a result of the alternative form of travel.

PRINT: Parent/Guardian

SIGNATURE: Parent/Guardian

PRINT: Coach

SIGNATURE: Coach

Jacob Belshe

PRINT: Athletic Director

SIGNATURE: Athletic Director

Fabens ISD Athletic Department: Good for all season/1 form per sport, per athlete

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