## Fort Worth Independent School District Parent Permission, Release, and Indemnity Trips Form

I hereby cer	rtify that my son/d	laughter				
				(Name of Pupil)		
has my peri	mission to particip	ate in the trip of the	:			
		ate in the trip of the	(Class or Spon	soring Group)		
on the	day of	, ,	to			
(dat	e) (month	(year)	(Location or D	(Location or Description of Activity)		
	t of my knowledg om any disease or	e, he or she is phy injury.	sically fit to enga	ge in such acti	vity and is not	
employee, of from any a	or other person er nd all liability rel	ve and release all ngaged in the activi ating to my son or f property that may	ty in question and daughter for any	l agree to hold personal injury	them harmless	
	stood that no chil	d will be allowed guardian.	to participate in t	his activity unt	il this form is	
Signed at_	, Tex	as, this	day of	day of(month) (year)		
	(city)	(date)		(month)	(year)	
(Signature o	of Parent or Guard	ian )				
(Street Add	ress)			(Zip Code)		
(Telephone	Number)					
Form 829						

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