



Plemons-Stinnett-Phillips CISD
PO Box 3440
Stinnett, TX 79083



PARENT/STUDENT CONSENT AND WAIVER OF LIABILITY

STUDENT NAME: _____

GRADE: _____ AGE: _____

ACTIVITY/SPORT: West Texas Comanche Golf Camp

I hereby give my consent for the above named student to compete and participate in the Plemons-Stinnett-Phillips School District approved activity program referenced above. I, the undersigned, hereby release and discharge the Plemons-Stinnett-Phillips School District, officers, employers, agents, servants and volunteers (herein collectively referred to as 'District') from all liability arising out of or in connection with the above described activity or all liabilities associated with any and all claims related to such activity that may be filed on behalf of or for the above named minor. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that occurs during the above described activity and that results from any cause including the active or passive conduct and/or negligence of the District.

I also acknowledge on my behalf and on the behalf of the above named minor that there are risks that are inherent in the above-described activity, including the risk of serious injury that may occur through the conduct of other participants, coaches, District, including conduct that may not be part of the ordinary risks of the activity itself. For example, injury may occur through conduct that is not authorized by the rules and regulations of the activity. This release and waiver as set forth in the above paragraph shall also apply to this type of conduct and any resulting injury.

I have carefully read this waiver and release of liability and fully understand its terms and condition and understand that by signing this document that I have given up substantial rights for the named minor and myself.

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Participants Signature

Date

Participants Print Name