



PARENT PERMISSION FORM  
2023-2024 School Year

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, give our expressed permission for him/her to participate in the \_\_\_\_\_ to be held in \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_. I/We further agree to indemnify and hold harmless, BIRDVILLE I.S.D. and the teacher, and any volunteer leaders or directors, for any harm which might befall my/our son/daughter. I/We understand that both prudent and reasonable care will be used to insure his/her safety.

I/We give my/our express permission for you to seek emergency medical treatment, to include surgery, should such an emergency arise, for our son/daughter.

I/We also give permission for images of the participant captured during the event to be used for promotional material and publications and waive any rights of compensation or ownership thereto.

I/We understand and agree to the above conditions and rules on the Student Conduct Practices and Procedures document as indicated by my/our signature(s) below.

Parent \_\_\_\_\_