Appendix B

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

DRILL TEAM:
PERMISSION FORM AND RELEASE

_____ has my permission to participate in designated school events with the drill team squad. I understand that reasonable measures have been taken to help ensure the safety and health of the above-named student and that I will be notified in the event of an emergency. On behalf of myself individually and my child, I hereby agree to indemnify, hold harmless and release Corpus Christi Independent School Districts, including its governing board, trustees, officers, agents and employees from any and all claims, demands, liabilities and expenses, including attorney's fees and costs of defense, arising from any injury to myself or my child, including but not limited to bodily injury or death, or from damage to property sustained by myself or my child, caused by or during my child's participation in the drill team activities.

If, in the judgment of any school-authorized representative, the student named above should need immediate medical care and treatment, I give the attending room physician permission to provide whatever medical care and attention the student may require.

Parent/Legal Guardian:_____

Home Telephone: _____ Business Telephone: _____

Cell Telephone: _____ Other: _____

Hospital Insurance Company: _____

Hospital Insurance Number: _____

NOTE: Please list any health problems for which the above student might require special attention or that should be brought to the attention of the drill team coach (allergies, contact lenses, medication, etc.).

_____

_____

_____

Emergency Telephone Number: _____

Person to Contact: _____

Parent/Guardian's Signature

_____

Date