CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
(CCISD)
2026 Starline Dance **Leagues Consent Form**

PARTICIPANT: (Name and Address)

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DESCRIPTION AND ACTIVITY: Shining Stars Dance Clinic/Game/Performance

DATE(s): September 12, 2026/October 7, 2026/October 9, 2026

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity. I acknowledge that the nature of the Activity may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. I agree to be in attendance throughout the Activity. I understand that by signing this form, and in making the representations contained herein, I have no hesitations in the Participant's participation and that he/she can perform all essential activities in the sport identified in the description above.

In consideration of Participant being permitted to participate in the Activity, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release CCISD, its governing board, officers, employees and representatives from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity. I further agree to indemnify and hold harmless CCISD and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION.

_____
Signature of Parent/Guardian

_____
Address (if different than Participant's)

_____
Date Signed

_____
Signature of Coach/Sponsor

_____
Date Signed

_____
Signature and Approval of CCISD Athletic Coordinator

_____
Date Signed

Revised 3.24.2022 Approved as to Legal Form – General Counsel for Office of Legal Services