

**YSLETA INDEPENDENT SCHOOL DISTRICT  
ATHLETICS  
RELEASE OF LIABILITY AND PARENTAL CONSENT**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

We hereby certify that the above-named student, born on \_\_\_\_\_ enrolled in Grade \_\_\_\_\_ at \_\_\_\_\_ School, has our approval to participate in the Ysleta Independent School District athletic and sports programs, on or off school premises and in or out of El Paso County; and we hereby acknowledge that, under Texas law, the Ysleta Independent School District is immune from liability as a governmental agency and cannot be sued for injuries or damages related to the athletic and sports program. Based on such understanding we do, for ourselves, our heirs, executors, administrators, and assigns, hereby release, acquit, and forever discharge the Ysleta Independent School District of El Paso County, Texas, and its agents, servants, employees, officers, trustees, and representatives of any and all claims, actions, causes, of action, demands, rights, damages, injuries, or losses of any nature whatsoever which we may or assert at this time or at any time in the future arising from the athletic and sports activity in which our child will participate.

We acknowledge that District policy is to deny to any student the privilege of participation in the athletic and sports programs until a properly executed copy of this Release and Consent has been filed in the school records, accompanied by a Medical History and Physical Examination Form signed by a physician, Failure to Warn Form, and UIL Acknowledgement of Rules form, prior to the first day of participation. We acknowledge the recommendation of the District that each athlete be given an influenza vaccine.

We further acknowledge that paragraph F of District Regulation EHBL-R requires that a student athlete display conduct at all times, that will bring credit to the student, his/her school, and the District; that a student athlete act in an acceptable manner during practice sessions and on all athletic trips from the time of departure until the time of return; that misconduct by a student athlete will result in an appropriate review of the case; that student athletes who use alcoholic beverages or drugs will be dismissed from the school team immediately; that during out of town trips misconduct by a student athlete will warrant sending that athlete home by commercial transportation and that parents will be required to reimburse the District for such expense; and we hereby approve of and agree to comply with all of these conditions.

We further authorize any school personnel to consent to, and any medical person to administer, any medical care, treatment, or assistance to our child which may be determined to be necessary for the treatment or attention of any injuries or ailment which our child may sustain in connection with such athletic or sports program. We further acknowledge that any claim arising out of injury to a child is to be presented to, processed through, and paid by Ysleta Independent School District and that same is not to be presented to, processed through, or paid by the Ysleta Independent School District; and in conformity with this understanding we hereby make known the following:

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**CHECK THE APPROPRIATE BOX AND FILL IN THE NAME OF STUDENT IN THE BLANK PROVIDED.**

☐ We have purchased a Student Accident Insurance Plan for (student's full name) \_\_\_\_\_

☐ We already have Family Medical Insurance that covers (student's full name) \_\_\_\_\_  
with substantially the same protection as provided under the Student Accident Insurance Plan  
and with to have no additional coverage.

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_

☐ We have access to military facilities, which also includes access for  
(student's full name) \_\_\_\_\_  
and wish to have **NO** additional insurance coverage or other financial protection.

☐ We elect to have **NO** medical insurance coverage, and we will assume full financial  
responsibility for any and all injuries or expenses that may occur to  
(student's full name) \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Address Zip Code

\_\_\_\_\_  
Residence  
Telephone

\_\_\_\_\_  
Business  
Telephone