

ALVIN ISD SEAPERCH PROGRAM

802 S. JOHNSON ALVIN, TEXAS 77511 (281)245-2770 EX 5408

RELEASE OF LIABILITY

STATE OF TEXAS

COUNTY OF BRAZORIA

I, _____, am a parent/legal guardian of, _____, who will be allowed to participate in the Alvin ISD SeaPerch program. I hereby release the staff members of Alvin ISD and each of its' Directors from any and all liability as a result of any injuries which may occur during my child's participation. I fully understand that as a parent/legal guardian, I am responsible for any and all medical expenses which may be incurred as a result of any accidental injuries. I hereby acknowledge that the SeaPerch staff act for me accordingly to their best judgment in an emergency requiring medical attention. I hereby understand and acknowledge students should not enter into the water at aquatic facilities. I hereby understand and acknowledge that no certified lifeguards will be on duty while my student participates in SeaPerch piloting practice.

Date

Parent/Legal Guardian

Date

Student Participant