PARENT/GUARDIAN PERMISSION, RELEASE AND INDEMNITY FORM

I certify that my son/daughter, _____, has my permission

to participate in the **2026 BHS Trivia Night** as scheduled by ___Burleson HS UIL Academics__

I understand that my child will be at **Burleson High School** when participating in this extracurricular activity. It is the student's responsibility to arrange for transportation to and from the High School as the activity is not during the school hours.

To the best of my knowledge my child is fit to engage in the BHS Trivia Night and is not suffering from any disease or injury.

I understand that all reasonable precautions will be taken to insure the safety of my child during this activity. In the event of an accident or injury, I will not hold the Burleson Independent School District (BISD) or any school personnel responsible.

MEDICAL RELEASE: I hereby give authority to the designated sponsor my consent to emergency medical treatment for the above named student in the event medical attention becomes necessary and I cannot be contacted. This authorization includes the authority to sign releases on my behalf for emergency medical services. The foregoing to whom I give such authority is an educational institution in which my child in enrolled.

Please note: School rules governing the use of prescription and over the counter medication are still in effect at local school events.

It is understood that **no child will be allowed to participate in this activity until this form is signed by the parent/guardian.**

Please put a checkmark next to the appropriate statement below.

_____ My child **has** my permission to participate in the Burleson HS Trivia Night.

_____ My child **does not have** my permission to participate in the Burleson HS Trivia Night.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Address Phone