

# **ALVIN ISD ATHLETIC DEPARTMENT**

10855 Iowa Colony Blvd. Rosharon, TEXAS 77583 (281) 245-2574

## **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 Club Sport at the Jr. High level. 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 Club Sport  
Staff act for me according to their best judgment in an emergency requiring medical  
attention.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
Phone Number