

**STONY POINT HIGH SCHOOL
RULES AND REGULATIONS FOR SCHOOL SPONSORED TRIPS**

1. Each student is under the jurisdiction of, and subject to the directions given by the group sponsors at all times during the trip.
2. Each student is to remain with the group at all times, except when granted permission to leave by the sponsors.
3. Each person is to refrain from damaging any property not his or her own. The person or persons responsible will pay for property damage whether the damage is intentional or unintentional.
4. All members of the trip are expected to conduct themselves in such a manner as not to bring discredit upon himself or herself, the group or Stony Point High School.

STUDENTS CERTIFICATION OF AGREEMENT

This is to certify that I am willing to abide by the rules and regulations outlined above; that I will accept cheerfully all directions and suggestions given by any of the sponsors while on the trip; that I will abide by any other rules which the sponsors may find necessary to make during the trip; and that I place myself under the jurisdiction of the sponsors for the duration of the trip. I promise that I will not conduct myself in a manner that will bring discredit upon the group, Stony Point High School or myself.

Student's

name: _____ Date: _____

Student's signature: _____

**RELEASE OF ALL CLAIMS AND CONSENT TO MEDICAL TREATMENT
PARENTAL PERMISSION FOR EDUCATIONAL TRIP**

RELEASE made _____, 200__, by _____
(Parent/Guardian Name)

of _____ as _____ of _____
(Address-Street, City, State, Zip) (Parent/Guardian) (Name of Student)

In consideration of permission granted the above named student by the Round Rock ISD to attend

(Description of Activity)

I hereby release and discharge Round Rock ISD, its agents, employees, and officers from all claims, demands, action judgments and executions which I may have or which my heir, executors, administrators or assigns may have or claim to have against the Round Rock ISD, its agents, employees, officers, parent volunteers, successors in interest, or assigns for all person injuries, known or unknown, and from all known injuries to property, real or personal, caused by or arising out of the above described educational trip.

I further hereby authorize a representative of the Round Rock ISD to consent to medical treatment for the above named student in the event of an emergency on the trip.

I, the undersigned, have read this Release and Consent to Medical Treatment and understand all its terms and conditions. I execute it voluntarily and with full knowledge of its significance.

(Signature of Parent/Guardian) (Home Phone) (Work Phone)

(Name of Insurance Company-Policy Number)

Return this document to your assigned sponsor before you board the bus. It must be signed by your parent/guardian before you will be allowed to go on the trip.

FORM 1