



Aledo Athletic Department

1008 Bailey Ranch Rd. Aledo, TX 76008 (817) 441-8327 Fax # (817) 441-5113

Release of Liability Form

In keeping with the Aledo ISD Athletic Policy & Guideline Booklet (page 9), I _____ am hereby
(Parent Name)
authorizing _____ to act in my place, with all
(Temporary Guardian)
authority to obtain necessary medical attention and/or treatment
for _____ in the event something should happen
(Student Name)
while transporting him/her home from _____, on
(Location)
_____.
(Date)

I hereby waive and release Aledo ISD from any and all injuries or illnesses that may result.

(Parent/Guardian Signature)

(Date)

(Phone Number)

Reminder: This Release of Liability Form is **ONLY** accepted if the parent/guardian turns in the form **24 hours prior** to the scheduled event.