



**Parents:**

**Please fill out the KISD Waiver below so that your child will be able to participate in activities on KISD property.**

**Thank you.**

### **KISD WAIVER**

**I, the undersigned, being the parent of or legally authorized and qualified guardian of:**

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**agree to hold the Klein Independent School District, its Board of Trustees, administration, and/or faculty harmless from all liability for any injuries which my son/daughter may receive while participating in any recreational activities or utilizing the Klein School District facilities. I herewith authorize the athletic director, coach, and/or district employee to secure medical services for any family member if necessary, and I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs.**

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**Date**

**Signature of Parent/Guardian**

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**Street address**

**City/State/Zip**

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**Phone number**

**Alternate phone or cell number**