

**CONROE INDEPENDENT SCHOOL DISTRICT
3205 WEST DAVIS
CONROE, TEXAS 77304**

STATE OF TEXAS

COUNTY OF MONTGOMERY

**PARENTAL ACKNOWLEDGEMENT CONCERNING STUDENT TRANSPORTATION
FOR PARTICIPATION IN ACADEMY INTERNSHIP PROGRAM**

Student's Name _____ Home Campus AST

Home Address _____

Phone: _____ Date of Birth _____

Business Name _____

Physical Address _____

I understand that the Conroe Independent School District (CISD) will not provide transportation to off campus school approved facilities for participation in the internship program. I understand that as a condition of participation in this activity, my child must obtain his or her own means of transportation.

It is understood the CISD will not assume any responsibility in case an accident, injury, or other loss associated with transportation to the business conducting the internship. I hereby release CISD, its trustees, officers, employees, or agents from any and all liability and any responsibility in connection with such trips, and I agree to indemnify and hold harmless all said parties from claims hereafter made by or asserted on behalf of the above-named student or asserted by or on behalf of any other person where such claims arise out of an accident, injury, or loss associated with transportation to or from off campus school approved facilities for practice purposes.

I, the undersigned, have read this Parental Acknowledgement and understand all of its terms. I have executed it voluntarily with full knowledge of its significance.

(signature)

SUBSCRIBED TO AND SWORN to me by _____
on this _____ day of _____, 20__ A.D.

NOTARY IN AND FOR THE
STATE OF TEXAS
My Commission Expires _____