

Dallas Lutheran School
8494 Stults Road
Dallas, Texas 75243
214-349-8912/FAX 214-340-3095



LIABILITY RELEASE FORM

The undersigned, being the parent and/or legal guardian of _____, hereby consents to my son's/daughter's attendance at the Activity described below in the location and time stipulated. The undersigned agrees to indemnify and hold harmless the Lutheran Secondary Association of Dallas, Inc., and its officers, directors and employees (including the individual driver and/or sponsor of the event) of and from any liability, loss, actions, causes of action, costs, expenses (including attorneys' fees) **NEGLIGENCE, FAULT AND OTHER ACTIONABLE CONDUCT (OF WHATEVER NATURE OR DEGREE)** in relation to or in any manner arising out of the trip to or from the listed activity or in relation to any event which takes place at the Activity described below.

Name of Student: _____

Driver: _____ Sponsor: _____

Activity: _____

Location: _____

Date: _____ Time: from _____ to _____

Other Information: _____

Date

Signature of Parent/Guardian