Vista Ridge High School

"Preparing Students to be the Best For the world"

CONSENT FOR PARTICIPATION IN VRHS HOMECOMING PARADE September 16th, 2026

DIRECTIONS: please complete this form and give it to the authorized driver of the vehicle you will be riding in during the parade. Thank you for participating.

Participant Information:

First name _____ Last name _____

Address_____ Birth date (month/day/year) ____/____/_____

Age:___ City_____State ____ Zip_____ LISD Home

Campus:_____ Club/Organization you are participating with:_____

Hold Harmless Agreement

I understand that participation in the VRHS Homecoming Parade involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Leander ISD, the activity sponsors, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

My child has approval to participate in the Vista Ridge High School Homecoming Parade (including riding on floats, open trailers, and other non-traditional transportation modes common in a parade) on **September 16th, 2026.**

_____

Parent Signature

I agree to abide by the LISD Student Code of Conduct and direction of the volunteer sponsors during this activity.

_____

Student Signature

Emergency Contact Information: Name:_____ Phone Number:_____