

**BYRON P. STEELE II HIGH SCHOOL
TRAVEL PERMISSION FORM FOR SCHOOL ACTIVITIES**

_____ has permission to attend and participate in
(Student's Name)

Band Events, Performances and Competitions with the Steele H.S. Band, during the 2025-2026 School Year at Various Locations to be designated by the Band Directors.

Transportation is specified below.

(Initials)

_____ I agree to allow my child to travel with a group or individual associated with the District, and agree to assume any and all liability and hold the District, its Trustees, employees, and agents harmless from all claims or actions which I or my child ever had, now have, or may have in the future or any liability for injuries or damages which occur to my child or to me as a result of his or her participation in this trip. I expressly waive all claims for medical expenses, loss of services, or other claims to which I may otherwise be entitled, and I agree to indemnify and hold harmless the District, its Trustees, employees, and agents from all claims made by third parties against it or them which result from my child's actions on the trip.

_____ I understand that the District, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas Law.

_____ In the event of an accident or illness I authorize a representative of the Schertz-Cibolo-Universal City Independent School district to obtain medical treatment for my child. I further understand that while attending this event my child is a representative of Steele High School and must adhere to all school rules and regulations. If my child displays conduct that is disruptive or detrimental to the program, he/she will be subject to immediate withdrawal from the program for the remainder of the school year and possible suspension from school.

_____ I will provide transportation to and from the school and the student will travel in school provided transportation.

_____ I will be responsible for providing transportation to and from the event described above.

Student Signature

Parent Signature

Parent Contact #

Emergency Contact #

Insurance Company

Insurance Policy #