

MISSION CISD EXTRACURRICULAR
PROGRAMS
RELEASE FORM



My son/daughter _____ will be leaving with (his/her) (parent/legal guardian) from the game, tournament, or meet. I understand that neither Mission CISD nor its employees will be held responsible/liable while my(son/daughter) is under my care.

Parent/Legal Guardian Signature:

Print: _____

Signature: _____ Date: _____