

**PLANO INDEPENDENT SCHOOL DISTRICT
OUTDOOR SCHOOL PROGRAM**

PARENTAL RELEASE

Date (s) of Event – Departure:_____ Return:_____

I desire that my son/daughter be allowed to travel to and from the Outdoor School Program at Collin County Adventure and to participate in this event.

Student's Full Name (Please print) Student's School

Printed Name of Parent / Guardian

Signature of Parent or Legal Guardian Date

PHOTOGRAPHY RELEASE: You have my permission to use my child's picture (including video, print, electronic imaging) for the promotion of Plano ISD Outdoor School.

Parent Signature Date