

**Lake Highlands High School
9449 Church Road
Dallas, Texas 75238
469-593-1000**

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE FOR
WRANGLER WORKSHOP AND TRYOUTS
March 18- April 27, 2018

I hereby consent to _____ ,
whose date of birth is _____, participating in the Lake
Highlands High School Wildcat Wranglers tryout process. I understand that
there is some inherent physical risk involved in this activity, including without
limitation to injuries that may occur during workshops and/or on the day of try-
outs. Realizing the above, I do hereby release, indemnify, and hold harmless
employees or representatives thereof including but limited to the directors, or
any other person volunteering their time to assist the Wranglers with the tryout
process. Further, in the event such student is injured and needs medical treat-
ment, I authorize the directors or any person designated by them to obtain nec-
essary medical treatment. In case of an emergency, please contact
_____ at this phone number
_____. If they are not available, please con-
tact _____
at this phone number _____.
The above named student has the following restrictions or limitations of which
you should be aware:

Parent/Guardian signature _____

Printed Name _____

Relation to Student _____

Home Telephone Number _____

Work Telephone Number _____