

## Lovejoy Independent School District Athletic-Extracurricular Fine Art Drug/Alcohol Screening Test Parent/Guardian Student Consent Form

I, and	
(Print name of parent/guardian)	(Print name of parent/guardian)
am/are the parent(s)/guardian(s) of(Prin	nt name of student)
(1.111	it halfie of studenty
I acknowledge that I received a copy of the LISD Athletic-E Test Program. I have read the District's Drug & Alcohol Po Drug/Alcohol Screening Test Program. I hereby consent to understand that participation in Lovejoy Athletics-Extracurr conditioned upon my consent and participation in the LISD consideration of the benefits arising to me/my athlete-extra permission for me/my athlete-extracurricular fine art studer indemnify and hold harmless the District and its officers, againcluding expenses of litigation, court cost and attorneys' fe extracurricular fine art student or any other person might student participation in the LISD Random Drug/Alcohol Screening and t	licy and understand the provisions of the LISD Random the screening test program provided by Lovejoy ISD. I icular Fine Arts (9-12), as defined under this policy, is Random Drug/Alcohol Screening Testing Program. In acurricular fine art student from this activity, I hereby grant in to participate in the program. I further agree to and shall gents and employees from suits and liability of every kind, ees for injury or damage which I or my athlete-ustain as a result of my athlete-extracurricular fine art
I acknowledge that I have read and understand this conserguardian of the athlete-extracurricular fine art student namby the terms of the consent and release provisions set forti Program.	ed above, and I hereby agree that we shall both be bound
Circle which (Parent/ Guardian Signature)	Date
I, the athlete-extracurricular fine art student noted above, a release and that I understand it and agree to be bound by Screening Test Program.	
Athlete-Extra Curricular Fine Art Student Signatur	re Date