



**Northside
Independent
School
District**

Health &
Physical Education
Programs

Agency or Facility:

As a participant in the School's Off-Campus Physical Education Program, you agree to indemnify and hold the School and Northside Independent School District harmless from any and all claims which may be brought against the School or District, or any employee, trustee, or agent thereof, which are connected with the death or injury of the Student while on your premises or under your supervision.

Please indicate your insurance company below, as well as the limits of your insurance policies, for our records.

We look forward to a safe and productive year, and are pleased that you are part of our off-campus program.

Student: _____

Activity: _____

School: _____

Sincerely,

Paul Tucker
Instructional Specialist, Health & Physical Education Department

Agreed to on _____ by _____
Date Agency/Facility

Signed by: _____

Print name: _____

Position: _____

Insurance Company: _____

Limit on Death Claim: _____

Limit on Personal Injury Claim: _____

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