



## Parental Permission Liability/Agreement Form

I, \_\_\_\_\_ acknowledge as legal guardian and/or parent of the  
Print Name

minor child as stated below. That I have read, understand, and accept the participation of my child's involvement at the event. As I fully agree for: \_\_\_\_\_, to participate. I do so without holding TAREB, and the sponsors liable for any/all unforeseen accidents while under the supervision of Texas Association of Real Estate Brokers (TAREB), **Youth Academy** special event!

I give permission for my child to attend with TAREB and executive volunteers/staff on all field trips described in the agenda during the 69th Texas Association of Real Estate Brokers Conference, June 11-13, 2026, Dallas, TX.

I further agree to release and hold harmless TAREB, Affiliates, their agents, officers, employees, and volunteers from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from any activities, including any accident or injury/death to the child and the costs of medical services.

**Child's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

Contact Person:	Phone Number	Allergies or Special Needs

Parents/guardian of minor

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***Please note that your signature authorizes full permission for the stated child to participate in Youth Academy. Activities will include photographs and videos, which may be used to promote and showcase the event and organization. Any and all portion of those medians may be used for public view and release any liability arising from the use of any said photography, video tape and/or interview. All minors must be accompanied with parental permission liability release form.***



**Texas Association of Real Estate Brokers (TAREB)**  
**MEDICAL INFORMATION**

**Student:**

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**Address**

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**Tel. No.**

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**Age:**

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**Parent:**

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**Contact #:**

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**Medical Conditions:**

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**Insurance Co.**

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**Policy Number**

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**Medications:**

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**Physician's Name:**

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**Office #:**

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**Alternate #:**

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