

_____ **SCHOOL DISTRICT**

TRANSPORTATION AUTHORIZATION AND WAIVER FORM

Name of Student: _____

Description of Activity: _____

Date(s) of Activity: _____

By my signature below, I accept responsibility for arranging and providing for the transportation of the above named student. As parent/guardian, I hereby authorize and give permission for my child/ward to:

_____ 1) Drive himself/herself to in-county practices or events.

initials

_____ 2) Ride as a passenger in a vehicle driven by an adult.

initials

I understand that operating a motor vehicle or being a passenger in a motor vehicle may result in injury, disfigurement or death. I acknowledge that the District does not provide any type of insurance including liability, collision, comprehensive or medical coverage during the transportation of the named student in connection with the described activity. I further acknowledge that the district does not provide ongoing Department of Motor Vehicles records checks of my child or my child's driver. I understand that it is my responsibility to ensure that my child or my child's driver is in full compliance with the California Vehicle Code.

I agree to hold the _____ School District, its Board, officers, agents and employees harmless from all claims, losses, costs, attorney fees and expenses arising out of any liability or claim of liability for personal injury, bodily injury or death that may occur while transporting the named students or while the named student transports himself/herself.

IT IS FULLY UNDERSTOOD AND AGREED THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY FOR, ANY INJURIES OR LOSSES RESULTING FROM THIS ALTERNATIVE TRANSPORTATION ARRANGEMENT.

By my signature below, I agree to waive all claims against the District and to indemnify and hold the District, its officers, agents and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind including death, bodily injury or illness that may occur during any portion of the transportation phase.

Parent/Guardian Signature

Date

Parent/Guardian Name (Please Print)

(____)_____
Phone Number (include area code)

Street Address

City

State

Zip Code