_____ SCHOOL DISTRICT

BUS DRIVER TRANING
MEDICAL TREATMENT AUTHORIZATION
WAIVER, RELEASE AND INDEMNITY AGREEMENT

Participant:_____

Description of Training: BUS DRIVER TRAINING

Date(s) of Training: _____

By my signature below, I realize that I am participating in this training as an employee from another school district or as a new bus driver. I understand that this training could cause serious illness and/or injury, and if an illness/injury occurs while attending this training, I will notify my employer immediately. If not employed, I assume all risk to injury/illness that may occur because of this training.

If I have a medical condition that may preclude me from participating in this training, I will notify my employer as well as the district providing this training and would be required to provide a medical release from my physician to participate in this training.

For and in consideration of participation in this training described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District providing this training or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

I fully understand that participants are to abide by all rules and regulations governing conduct during this training. Any violation of these rules and regulations may result in that individual not being allowed to participant in the training.

I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks and requirements involved in this training.

Health or special needs: Check as appropriate.

☐	Participant has no special health needs the staff should be aware of, and no medication is required.
	Participant has a special need, and instructions are attached. Number ofattached pages:_____.
	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

_____
Participant Signature

_____ _____
Participant Name (Please Print) Date Telephone Number

_____ _____
Street Address City State Zip Code