_____SCHOOL DISTRICT

TRANSPORTATION WAIVER, RELEASE and ASSUMPTION OF RISK

Name of Non-District Student:_____(hereafter referred to as passenger)

Description of Activity: Transportation in a district-owned vehicle to ……………....and return.
                                                                    (destination)
Date(s) of Transportation: _____

By my signature below, and as a condition of accepting transportation, I, the parent/guardian of a non-district student, request permission for my child to be a passenger in a district-owned vehicle driven by a district employee. I understand that, in the event of an accident, there could be serious injury or death and I assume all risks for any such injury or death.

For and in consideration of permitting the designated passenger to take part in the transportation described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for bodily injury, property damage or wrongful death occurring to his/her child/ward 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 hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and/or his/her child/ward 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 bodily injury, property damage or wrongful death against the ……………………..District, its Board, or any of its officers, agents, servants, or employees for any of said causes of action.

I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in the transportation of my child/ward and I am fully aware of the legal consequences of signing this instrument.
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_____   _____
Passenger's Signature   Parent/Guardian Signature (Required if Passenger under Age 18)

_____   _____
Date   Phone Number   Parent/Guardian Name (Please Print)

_____   _____
Street Address   City   State   Zip Code