

**SUMMERVILLE UNION HIGH SCHOOL DISTRICT
TRANSPORTATION AUTHORIZATION AND WAIVER FORM**

Name of Student: _____

Description of Activity: _____

Date(s) or Season of Activity: _____

In order to protect our athletes, we do not accept written notes allowing athletes to ride home with friends or relatives. The following procedure will be used in releasing an athlete after an away game:

- 1) A parent may go to the coach and sign out his/her child.
- 2) If you want your child to travel home with parents whose child is also on the team, you must fill out this form. At the time of release, the parent transporting your child must sign him or her out with the coach.
- 3) If you do not have this form on file with the coach, your child must travel on District transportation.

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

NAME OF DRIVER(S) ALLOWED TO TRANSPORT STUDENT:

<u>Parent Names</u>	<u>CA Driver License #</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Summerville Union High 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 DISRICT 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