

**PERMISSION TO RIDE  
PARENT/GUARDIAN ATHLETIC RELEASE FORM AND WAIVER**

**MUST BE SIGNED AND TURNED INTO COACH PRIOR TO EVENT**

**SPORT:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_

**TRAVELING TO OR FROM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I am the parent or guardian of \_\_\_\_\_, a minor. I have requested of school officials that my son/daughter \_\_\_\_\_ be permitted to travel in a private vehicle to or from this event with \_\_\_\_\_. I hereby authorize my child to travel in this private vehicle and with this person, as opposed to a school-provided transportation, even though I realize and understand that Albemarle County Public Schools are not required to do so.

As a result of my request, I agree to assume all responsibility for and risk of injury to my child as a result of this private transportation arrangement. As an inducement for the vehicle, I hereby agree to waive a claim against the Albemarle County Public Schools or its respective officers, employees, or representatives arising from any injury or damages, including attorney's fees that may result from my child's transportation in a private vehicle to the event.

I agree to indemnify and hold harmless that Albemarle County Public Schools or its respective officers, employees or representatives from any claims, including attorney's fees, which I might make on my child's behalf or which might be made on his/her behalf by others or which might be made against me by others, arising from my child's transportation in a private vehicle to this event.

I agree that it shall be my sole responsibility to ensure that the driver/owner of the private vehicle in which I have authorized my child to travel carries adequate liability and casualty insurance as required by Virginia law, and that such vehicle is in a safe condition. I further agree that the Albemarle County Public Schools shall have no responsibility or liability whatsoever in the event such drive/owner vehicle lacks adequate insurance or that the vehicle is unsafe or defective in any manner. If required by school officials, I agree to provide written evidence of such insurance.

**DATED:** \_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian