

Summerville Union High School District  
Transportation authorization waiver form.

(11-19-14)

Name of Student: \_\_\_\_\_ Description of Activity: \_\_\_\_\_

- Coach/Advisor/Sponsor: \_\_\_\_\_

Parents,

In order to protect our student-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 a trusted, authorized adult, please list them below.  
Your child must be checked out with the coach by the authorized adult.
- 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 give permission for my son/daughter \_\_\_\_\_ to travel home with the authorized adult listed below.

<u>Authorized 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 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's driver. I understand that it is my responsibility to ensure that my child's driver is in full compliance with the California Vehicle Code.

I agree to hold the Summerville Union High School District (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 student or while the named student transports themselves.

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 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.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date  
( )

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Phone Number

Administrators approval \_\_\_\_\_ Date \_\_\_\_\_