

Lakeside High School

Athletic/Activity Transportation Liability Release Form

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I/We hereby release the Nine Mile Falls School District and Lakeside High School from any liability concerning our son/daughter's transportation to and from practice (or school activity) outlined below. As the parent/guardian, we accept full responsibility for safety while traveling in a non-school owned or supervised vehicle as permitted by law. We also understand that proof of auto insurance is **mandatory** and that our insurance will be primary - the school does not have responsibility in case of accident or injury. ***No students (either driver or passenger) are to be in a vehicle without this Liability Release Form signed and copies of student driver's license and proof of auto insurance on file.***

Student Name: _____ Grade: _____
 (please print)

Event/Activity

- | | | | | |
|--|--------------------------------------|-------------------------------------|--------------------------------------|------------------------------|
| <u>Golf</u> | <u>Soccer</u> | <u>Softball</u> | <u>Cross Country</u> | <u>Other School Activity</u> |
| Practice/Home Matches
@ Sundance GC | Practice/Home Games
@ Lakeside MS | Practice/Home Games
@Lakeside MS | Practice/Home
Meets @ Sontag Park | (approved by Admin) |

I/We give permission for the above student to: *(please check all that apply)*

- _____ Drive his/her private vehicle (students only)
- _____ Ride with another student-athlete in his/her vehicle
- _____ Provide transportation for other student-athletes with their parent's permission on file

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: _____

I acknowledge and accept full responsibility for myself while traveling in a non-school owned or supervised vehicle to and from practice/matches/games designated above. ***I further understand that absolutely no students are to ride in my vehicle unless they have a Liability Release Form including proof of auto insurance on file.***

Student Signature: _____ Date: _____

Attn: ALL DRIVERS:

****A copy of your Auto Insurance Card and student driver's license must be attached to this form****