

VALLIVUE SCHOOL DISTRICT #139
PARENTAL CONSENT TO PRIVATE TRANSPORTATION
OF PUPIL WAIVER AND RELEASE OF LIABILITY

(This Form Must Be Filled Out With 24 Hours Notice & Returned To: Kevin Strong-
Middle Schools Activities Coordinator)

Students Name: _____

Activity: (Circle the Appropriate Activity)

Football Volleyball Basketball Cross-Country Wrestling Track Tennis
Academic Team Other _____

Location of Activity: _____

Adult Driver Student Is Released To: _____

(Driver must be a minimum of 21 years of age)

I (We), the parents of *(The Student Listed Above)* a pupil in the Vallivue School District #139, do hereby expressly agree to allow the said minor child to ride from the following school sponsored event *(Listed Above)* with the adult *(Listed Above)*.

I (We), recognize that private transportation is more hazardous than mass public transportation, but, NONETHELESS, agree to release the Vallivue School District #139, its employees and agents, from all liability for any losses or injuries sustained by or to my (our) said minor child while he/she is being transported from this particular school sponsored event in a privately owned vehicle operated by *(The Adult Listed Above)*.

I (We) Have, by independent inquiry and observation, satisfied myself (ourselves) that *(The Adult Listed Above)* is a safe driver and that the vehicle he/she is driving is in safe operating conditions.

I (We) further covenant and agree that I (we) will never institute any suit or action at law or in equity against the Vallivue School District for myself (ourselves) or on behalf of my (our) said minor child, by reason of any injuries sustained by or to my (our) said minor child while he/she is being transported from this particular school sponsored event in a private vehicle operated by *(The Adult Listed Above)*.

I (We) agree that we have read this Agreement, and that I (we) understand all of its terms. I (we) have executed this instrument voluntarily and with full knowledge of its significance.

Dated this _____ day of _____, 20 ____.

PARENT SIGNATURE: _____

TELEPHONE _____



