

RETURN TO COACH/SPONSOR BY: \_\_\_\_\_

**PARENT PERMISSION FOR PRIVATE TRANSPORTATION TO SCHOOL RELATED  
ACTIVITY DRIVER/PASSENGER/VEHICLE OWNER  
RELEASE OF ALL CLAIMS  
(APPLIES ONLY TO THE ACTIVITY DESCRIBED BELOW)**

*All drivers and passengers please complete the following:*

Name of Student: \_\_\_\_\_

PERMISSION AND RELEASE made by: \_\_\_\_\_  
(Circle one: parent or legal guardian)

\_\_\_\_\_  
(Address, city, state, zip code)

PERMISSION AND RELEASE made on: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
(day) (month) (year)

Will Your Child Be A Driver Or Passenger? \_\_\_\_\_

Name of Private Driver (Student or Adult): \_\_\_\_\_

Name of Owner of Vehicle: \_\_\_\_\_

Name of Sibling Student Passengers (List All): \_\_\_\_\_

*All drivers and passengers please complete the following:*

The student, and the undersigned parent or legal guardian of the above-named student, in consideration of the right to attend the following school related activity: Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_, hereby release and forever discharge the \_\_\_\_\_ Independent School District, (hereinafter the "District") its agents, employees and officers from all claims, demands, actions, right of action, which I may have or which my heirs, executors, administrators, or assigns may have or claim to have against the District which arise out of or are in any way connected with personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of, transportation to or from the above mentioned school related activity. Although the District may provide transportation to and from the above mentioned activity, I desire that I/my child be allowed to participate in this activity, and travel to and from the activity via an alternative mode of private transportation designated by me. I fully understand that transportation to and from the events attended by the group listed could create risk to my child's health or safety. I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to me or my child while traveling to or from the above mentioned activity in transportation not provided by the District. I understand that any and all costs incurred from any resulting medical care will remain my responsibility. I further understand that these costs may include, but are not limited to, ambulance, private physician, clinic, hospital, dentist, or other urgent care personnel. I fully understand that the above mentioned event is a school related activity and all expectations of conduct and behavior applicable in the UIL/Co-curricular/Extracurricular contract remain in effect during transportation, whether provided by the District or secured privately. I understand that transportation of any child other than my own and/or my child's sibling(s) will result in the privilege of utilizing private transportation being revoked and my child will be required to utilize the District provided transportation

I, the undersigned, have read this entire release and understand that the terms contained herein are contractual. Further, I grant permission, strictly under the provisions of this agreement, for my child to secure private transportation to and from the above mentioned school related activity. I understand that failure to return this form will act as lack of consent for participation and student will not be allowed to participate in this activity or, if applicable, will be required to accept transportation provided by the District. I execute this voluntarily and with full knowledge of its significance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date