

**EASTSIDE HIGH SCHOOL
STUDENT ONE- WAY TRANSPORTATION AGREEMENT**

STUDENT NAME _____ ID# _____

I understand the A.V.U.H.S.D. will provide one-way transportation to the events within the Antelope Valley. There will be NO return transportation for the event(s) that are in the Antelope Valley.

The above student hereby agrees to provide his/her own return transportation at his/her own expense.

WHEN THE STUDENT PROVIDES HE/HER OWN RETURN TRANSPORTATION, IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION.

I ALSO UNDERSTAND THAT IF THE STUDENT RIDES WITH ANOTHER PERSON, THE DRIVER IS NOT DRIVING AS AN AGENT OF OR ON BEHALF OF, THE DISTRICT.

Print Student Name _____

Student Signature _____ Date _____

Parent/Legal Guardian _____ Date _____
(If student is under 18 years of age)

EASTSIDE HIGH SCHOOL

STUDENT BUS WAIVER - COACH/ADVISOR COPY

NOTE: This form is to be completed, signed and returned to the Athletics Office for Administrative approval. One copy will stay in the Athletics Office and one copy will be returned to the coach.

I fully understand that Parent/Guardian permission must be given, IN WRITING, 24 hours or one school day prior to a student being allowed to participate in any school trip. A student will only be released from a school trip to their own **parent or legal guardian unless another adult's name is listed below**, if the parent/guardian is traveling to a destination other than the Antelope Valley. Written release from parent/guardian must be on file in order for parent/guardian/designated adult to pick up the student at any away school activity. If parent/guardian cannot pick up the student as planned, the student **MUST** return home on the school's transportation.

I request permission for my son/daughter, _____
PRINT Student's Name I.D. Number Date of Birth

To leave from _____ or with _____ on _____ or for the
(Location or ALL, if seasonal) (Name of Sport or group) (Season)

entire season(s) of _____. I hereby authorize _____
(School Year) (PRINT Name of Authorized Adult) (Relationship to student)

By this request, I assume full responsibility for my student after being released to me or the above named authorized adult by the school's personnel.

Parent/Guardian Signature: _____ Date: _____

Coach/Advisor Signature: _____ Date: _____