



**PARENT TRANSPORTATION TO/FROM
ALBANY SCHOOL DISTRICT ATHLETICS AND ACTIVITIES**

I hereby attest that I, the Parent/Guardian, will provide transportation for my child -
_____ - to and from:

- EVENT - _____
on _____
- DATE - _____

I understand and agree that per my request to provide transportation, I am solely responsible for providing and supervising my child's transportation. I also understand the District-provided transportation is available to my child, but I have voluntarily declined transportation. Further, to the fullest extent permitted by law, I assume full personal and legal responsibility for any accident or injury to me, my child, or other parties, and I waive, release and agree to defend and indemnify the School District and its board members, employees, agents and representatives from and against claims for any liability, loss, damage or injury sustained in connection with the non-District transportation.

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Printed Name of Student Signature of Student Date

**** Provide a signed copy of this document to the Coach or Activities Office by
3:00p the day prior to your event. Thank you!!**