

**AUTHORIZATION TO RIDE WITH ANOTHER ADULT TO & FROM ATHLETIC EVENT
BURLINGTON-EDISON SCHOOL DISTRICT NO. 100**

Burlington-Edison High School Athletic Department

(FOR THE FEB to JUNE 2021 SPORTS SEASON ONLY due to Covid)

THIS FORM MUST BE COMPLETED AND TURNED IN TO ATHLETIC OFFICE 24 HOURS PRIOR TO THE ATHLETIC EVENT

Written and signed permission from each athlete's parent(s) or guardian(s) for the student to be transported by the undersigned adult driver must be on file at the high school for each athletic event or for all athletic events throughout the season as listed under ***"Reason for Transporting"***

below. Written and signed permission from the adult driver the student will be transported by must be on file at the high school for each athletic event. The adult drivers must be licensed and carry liability insurance coverage required by Washington State Law. **And have Graduated from High School. No riding with other student-drivers.** The parent(s)/guardian(s) signature(s) must be on this form along with the adult driver's signature. All automobiles used for transportation should be in safe operating condition and the adult driver as a responsible individual.

PARENT PERMISSION FOR ATHLETIC TRANSPORTATION BY ANOTHER ADULT

We/I agree to release the Burlington-Edison School District/High School, its employees, agents, representatives, coaches, and volunteers from any liability in connection with being transported by the undersigned adult driver.

To the principal/athletic director of Burlington-Edison High School: I hereby give my consent for (name) _____ to be transported by the undersigned adult driver on (date) _____ from (location) _____ and take full responsibility in the transportation of (name) _____.

Print Parent/Legal Guardian of Athlete

Print Parent/Legal Guardian of Athlete

Date

Print Adult Driver of the vehicle riding

Date

DRIVER ACKNOWLEDGMENT

I, _____, the Adult Driver need to provide transportation for the school-related function identified below and affirm the following:

1. I have a valid vehicle operator's license. (Copy with agreement)
2. My vehicle is in a safe, serviceable operating condition and there are seat belts for each passenger.
3. I currently have in effect vehicle liability insurance. (Copy attached)
4. I am aware that the vehicle liability insurance of Burlington-Edison School District will not be in effect.
5. I am aware that I must travel directly to and from practices.

Reason for Transporting: _____

Driver of Vehicle (please print): _____

Today's Date: _____

Phone: _____

Insurance Agent: _____

Registered Owner of Auto: _____ Auto License Number: _____

Washington Drivers License Number: _____ Expiration Date: _____

Photocopy of Washington Drivers License and Proof of Insurance must be attached to this form. Photo ID is required upon release from the coach of the athlete to the adult driver.

Approved by Principal/Athletic Director

Signature of Principal/Athletic Director

Date

Signature of Adult Driver

Date