

**Paradise Valley Unified School District
Student Self-Transport Release Form**

(_____)
Name of School

STUDENT INFORMATION

STUDENT'S FIRST NAME	STUDENT'S LAST NAME	DATE OF BIRTH (MM/DD/YYYY)

		DRIVER'S LICENSE #

MAILING OR STREET ADDRESS/APT.#	CITY, STATE AND ZIP CODE
SCHOOL NAME:	SPORT/EVENT:
VEHICLE MAKE/MODEL:	VEHICLE INSURANCE CARRIER:

	POLICY NUMBER:

PARENT SIGNATURE REQUIRED

My child, named above, will provide his/her own transportation on the following date(s) _____. It is understood that because he/she will be driving, that the liability and medical insurance will be provided by me and/or covered under the family auto policy. It is also understood that my child is not allowed to transport other students/athletes/staff and volunteers. I agree that neither _____ (name of school) nor the Paradise Valley Unified School District will be held liable in case of an accident during this transportation. I hereby agree, to the fullest extent permitted by law, to release, indemnify and hold harmless the Paradise Valley Unified School District, its officials, officers, employees, representatives, agents, servants, or volunteers, from and against any claims, damages, or liability of any kind or nature for injury, death, or damage to personal property arising out of or in connection with my participation in this activity, from whatever cause, including but not limited to the active or passive negligence of the District, its officials, officers, employees, representatives, agents, servants, volunteers or other activity participants.

Parent/Guardian Signature _____ Date: _____

Coach/Ath. Director/Event Sponsor Signature _____ Date: _____

Original to Coach/Event Sponsor
Coach: Send copy to Athletic Director