

Please attach a COPY of parent's car Insurance Declaration page showing that student is a "covered driver" under the plan.



STUDENT VOLUNTARY TRANSPORTATION AGREEMENT

STUDENT NAME: _____

DATE OF BIRTH: _____ CURRENT AGE: _____

ACTIVITY{IES}: _____

I understand the District IS providing transportation to and from the above activity. However, I DO NOT wish to avail myself of the transportation provided by the District.

The above student hereby requests permission to provide for his/her own transportation at his/her own expense.

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. ALTHOUGH THE DISTRICT MAY ASSIST IN COORDINATING TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANNING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

I ALSO UNDERSTAND THAT THE DRIVER IN NOT DRIVING AS AN AGENT OF OR ON BEHALF OF THE DISTRICT.

Student Signature

Date

Parent/Legal Guardian
(If student in under 18 years of age)

Date

District Approval Signature

Date

Insurance Verified/Copy Attached: _____