

**FLORENCE ONE SCHOOLS
ONE-TIME WAIVER FOR PARENT/GUARDIAN DRIVER
FOR EXTRA-CURRICULAR ACTIVITY**

I understand that free bus transportation is provided for the _____ team on _____ to and from the **[describe the location and type of specific extra-curricular activity]** and my child's assigned school. I also understand that school officials strongly encourage and expect that all students use District provided bus transportation to and from the above-described extra-curricular activity. Knowing this information, as parent/guardian of _____, I have chosen to decline and opt out of District provided transportation on this specific occasion, and authorize my child to be transported to and from the activity in the private vehicle of _____, the parent/guardian of another student involved in the activity. I understand this one time opt-out only applies on the date and occasion referenced above. I understand that any violation by my child of the rules may result in the loss of this privilege.

_____ Parent/guardian initials

My specific reason for having my child ride with another parent/guardian in a private vehicle on this one occasion is:

I understand that my child will be required to submit this form to _____ at least 48 hours prior to the activity, and receive prior approval. I understand that my child will be required to check in with **[specify District employee]** upon arrival at the activity, and check in with **[specify District employee]** prior to leaving the activity.

_____ Parent/guardian initials

_____ Student initials

I understand there is an element of risk for a student to ride with another parent/guardian in a private vehicle from the **[specific extra-curricular activity], instead of using District-offered transportation. Despite this fact, I am granting permission for my child to travel to and from the **[specific extra-curricular activity]** on the date as indicated above in the private vehicle of the identified parent/guardian.**

_____ Parent/guardian initials

I release and discharge Florence 1 Schools, the members of the Board of Trustees of Florence 1 Schools, and their agents, employees, and representatives of the District, from any claim or cause of action for any losses, damages, harm or injuries arising out of, during, or in connection with my child's participation in riding in the private vehicle of the identified parent/guardian on **[date]** to and from the **[specific extra-curricular activity]**.

_____ Parent/guardian initials

Student Name _____

High School _____ Grade Level _____

Name of parent/guardian riding with: _____

Vehicle (Make, Year, and Color) _____

License Plate Number _____ Driver's license # of parent/guardian driver _____

Owner of Car _____

Owner's Address _____ Telephone # _____

Person to Contact in case of an emergency: _____

Emergency Contact Telephone # _____

Parent/Guardian

Date

Student

Date