

2002-AR (Field Trips) Performing Arts Private

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
PERFORMING ARTS PRIVATE TRANSPORTATION AUTHORIZATION

Check One: Forensics ____ Vocal Music ____ Orchestra ____ Band ____

Student _____ Grade _____

School _____ Teacher _____

Valid for: **Semester 1** _____ OR **Semester 2** _____ of the _____ school year.

Our performing arts class will be participating in events that require transportation in privately owned vehicles. Students will NOT be allowed to participate unless this form is completed and returned to the performing arts teacher by _____.
(This form must accompany forms [2002-AR Performing Arts Consent](#) & [Performing Arts Extended Consent](#).)

Check all that apply:

___ 1. I would like to **volunteer as a driver**. I am aware and informed of my responsibilities as a volunteer driver. I have a valid driver’s license, insurance and registration and I will maintain a smoke free environment for our students. I am able to provide _____ seatbelts.

___ 2. I authorize my child, _____, to be transported by a **volunteer driver** as I am not able to provide transportation. *All drivers must complete the District background check process.*

___ 3. I authorize my child, _____, to drive **his/her self only**. I verify that my child has a valid driver’s license, insurance and registration. *All drivers must complete the District background check process.*

___ 4. I authorize my child, _____, to **drive his/her self and others**. I verify that my child has a valid driver’s license, insurance and registration and will maintain a smoke free environment for other students. My child is able to provide _____ seatbelts.

I release the Walled Lake Consolidated Schools and its Board members, administrators, teachers, employees and agents (“released parties”) from any and all claims whatsoever arising from or relating to my participation or my child(s)’s participation in this event (“released claims”). I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

Student Name Printed

Student Signature

Guardian Name Printed

Guardian Signature

Guardian Name Printed

Guardian Signature

Address

Day Phone

Teacher Signature

Date

Principal Signature

Date

All drivers must complete the District background check process.