Lodi High School
Transportation Authorization Waiver Form

Name of Student Athlete:_____

Description of Activity:_____ School Year_____

The following procedure will be used in releasing an athlete after an away game:

1) A parent/guardian may go to the coach and sign out his/her child.
2) If you do not have this form approved by an administrator and on file with coach, your child must travel by Lodi high school transportation.

I understand that operating a motor vehicle or being a passenger in a motor vehicle may result in injury, disfigurement, or death. I acknowledge that the District does not provide any type of insurance liability, collision, comprehensive or medical coverage during the transportation of the named student in connection with the described activity. I further acknowledge that the district does not provide ongoing department of Motor Vehicles records checks of my child's driver. I understand that it is my responsibility to ensure that my child's driver is in full compliance with the California Vehicle Code.

I agree to hold the Lodi Unified School District, its board, officers, agents and employees harmless from all claims, losses, costs, attorney fees and expenses arising out of any liability or claim of liability for personal injury, bodily injury or death that may occur while transporting the named student or while the named student transports themselves.

IT IS FULLY UNDERSTOOD AND AGREED THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY FOR, ANY INJURIES OR LOSSES RESULTING FROM ALTERNATIVE TRANSPORTATION ARRANGEMENTS.

By my signature below, I agree to waive all claims against the District and to indemnify and hold the District, its officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kinds including death, bodily injury or illness that may occur during any portion of the transportation phase.

_____ _____
SIGNATURE PARENT/GUARDIAN DATE

_____ _____
PARENT/GUARDIAN NAME PLESE PRINT PHONE NUMBER

Administrator's approval_____ Date_____