PEQUANNOCK TOWNSHIP HIGH SCHOOL

VO TECH MCVS - Waiver and Release for Driving

As the parent or legal guardian of a participant in the Share-Time Career and Technical Education (CTE) program at the Morris County School of Technology or at CCM, I voluntarily authorize my child to drive to and from school. As per Pequannock Township Board of Education Policy 8660, students are not approved to use their personal vehicles to transport other students to and from the Share-Time Program.

I expressly understand that the Pequannock Township School District will have no responsibility over my child once he/she completes his/her academic day and leaves the building. To that end, I further acknowledge that I shall assume responsibility for my child's health and safety during that time. I recognize that if I am unwilling to allow the district to relinquish its responsibility, my child will not be permitted to participate in the Share-Time CTE driving program and will be given a full schedule of classes instead at the Pequannock Township High School for the school year.

Accordingly, I hereby indemnify and hold harmless the Pequannock Township Board of Education, its agents, servants, officers and employees from any and all liability for any injuries, damages, claims or losses, including reasonable attorney's fees and costs, which may be incurred in connection with any lawsuit for injuries or damages arising out of, or in connection with, my child's arrival to or departure from school grounds. This includes, but is not limited to, any lawsuit that may be filed by my child once he/she attains the age of eighteen years, which is related to his/her arrival to or departure from school grounds.

I understand and agree to the above conditions.

_____   _____
(Parent/Guardian Signature)   (Date)

_____
(Print Name)

I acknowledge that I will be required to sign in or out at the attendance kiosk *each day* upon arrival or before departure.

I further agree to abide by all laws, rules and regulations of the State of New Jersey and Pequannock Township High School. I understand that any violation of school rules, or State law, may result in loss of driving privileges.

_____   _____
(Student Signature)   (Date)

_____
(Print Student Name)