



TRANSPORTATION WAIVER

Dear Parent or Legal Guardian:

You have registered your son/daughter for morning only school transportation beginning Tuesday, September 3, 2024. This activity will take place under the guidance and supervision of employees from Divine Child High School and/or Parish.

Name: Daily Morning Transportation

Destination: Divine Child High School (1001 N. Silvery Lane in Dearborn)

Designated Supervisor of Activity: Divine Child Employee/Staff

Time and Locations of Departure:

St. Colette, Livonia: Pick-up time between 6:20-6:25 am

Our Lady of Good Counsel Church, Plymouth: Pick-up time between 6:40-6:45 am (SW Corner of Parking Lot)

St. Thomas a' Becket, Canton: Pick-up time between 7:00-7:05 am (North Lot off Lilley Road)

Method of Transportation: DCHS Buses

Student Cost: \$1200/yr or \$10/day

If you would like your child to participate in this **transportation option**, please complete, sign, and return the following statement of consent and release of liability. As the/a parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*******STATEMENT OF CONSENT*******

I hereby consent to participation by my child, _____, in the transportation described above. I understand that this transportation will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this transportation, including the method of transportation. In consideration of my child being allowed to participate in this transportation, I hereby agree on behalf of myself and my child, to release Divine Child High School and/or Parish, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the transportation. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the transportation. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

By signing below, I acknowledge that I have also read the DCHS Bus Guidelines and Expectations document.

(Print Parent's Name)

(Emergency Phone #)

(Parent's Signature)

(Date)

Please either email the completed form to msimonie@divinechild.org or give the completed form to the Divine Child High School office.