

PASCACK VALLEY REGIONAL HIGH SCHOOL DISTRICT

Transportation Waiver and Release Form (Adult Student Parent/Guardian)*

1. I, _____ (parent/guardian of adult student), have authorized _____ (adult student), who is covered under my automobile insurance policy, to use a vehicle registered to my name, to transport himself/herself to and from _____ ("Activity").
2. I understand and agree that the Pascack Valley Regional High School District Board of Education ("Board"), its officers, agents and employees are in no way responsible, nor does the Board assume liability, for any injuries or losses related to and/or resulting from _____ (adult student) transporting himself/herself to and from the Activity. As such, I am accepting full responsibility for any form of injury or property damage which may occur in connection therewith. I hereby release and hold harmless the Board, its officers, agents and employees from any and all liability, loss, damages, claims, or actions (including reimbursement of reasonable attorneys' fees) that result from _____ (name of adult student) using my vehicle to transport himself/herself to and from the Activity.
3. If the primary policy holder is different from the owner of the vehicle, signatures from the primary policy holder and owner of the vehicle is required.

Witness

Signature Parent/Legal Guardian
(Primary Policy Holder)

Dated:

Dated:

Witness

Signature Parent/Legal Guardian
(Vehicle Owner)

Dated:

Dated:

*Form must be submitted together with the "Transportation Waiver/Release – Adult Student" form.