CHANDLER UNIFIED SCHOOL DISTRICT
Extra-Curricular Off-Site Activities Transportation Waiver Form

This form should be completed and returned when a student is engaged in athletic and/or other extra-curricular activities that involve off-site travel to practices and events and: (1) The Chandler Unified School District ("the District") provides transportation for students but the parent agrees to allow his/her student to opt out of District provided transportation; or (2) The District does not offer transportation for students. **NOTE**: This Waiver Form applies only to those situations in which the District/School does not require that students travel on District provided transportation.

Today's Date: _____ **School Year:** _____

Student Name [print]: _____

Parent(s) Name(s) [print] _____

School: _____ **Activity** _____

Please indicate one or more transportation preference(s) for your Student for the current school year. **This form should be returned to the school's designated Assistant Principal.** Should you wish to change your preference, please complete and sign and submit a new form. A separate form should be submitted for each athletic or other extra-curricular activity in which the Student participates.

☐ **Option A – Drive Personal Vehicle** - I hereby give my consent to allow the above-named Student to travel to and from off-site practices/events in his/her own personal vehicle.

☐ **Option B – Travel with Parent(s)/Guardian(s)** - I hereby give my consent to allow the above-named Student to travel to and from off-site practices/events in with his/her parent(s)/ guardian(s): _____

_____

☐ **Option C – Carpool with a Parent of another District Student or another Responsible Adult** - I hereby give my consent to allow the above-named Student to travel to and from off-site practices/events with _, who is a parent of another student in the District or is another responsible adult ("designated driver").

_____ _____

Parent/Guardian Printed Name Parent/Guardian Signature

_____

Student Signature (if 18 years or older)

ACCEPTANCE OF RESPONSIBILITY AND WAIVER OF LIABILITY

I/we understand that the District accepts no responsibility or liability for verifying, or for failing to verify, either the status of the automobile insurance for any of the drivers the undersigned Parent/Guardian/Student has/have authorized to drive the above named Student.

I/we assume full responsibility for liability incurred and understand that the vehicle's owner or driver's personal insurance will be primary in case of an accident.

I/we acknowledge and agree to defend and hold the District harmless, including, but not limited to, its current and future employees, the Governing Board, executors, administrators, insurers, its successors and assigns for, from and against any and all liability, claims, demands, costs, charges and expenses of every kind related to any personal bodily injury or injury to property occurring while the above named Student is traveling to and from off-site practices/activities or other related events with his/her parent(s) or other designated responsible adult.

_____ _____

Parent/Guardian Printed Name Parent/Guardian Signature

_____

Student Signature (if 18 years or older)

Received by School Administration:

Date: _____ Authorized Administrator: _____