



ALTERNATIVE TRANSPORTATION

[ATHLETICS ONLY]

Informed Consent, Assumption of Risk, Liability Release, and Indemnity

The School Unified School District "SUSD" provides students with transportation to and from various school sponsored activity and/or events. Students are encouraged to travel to and from the athletic events in a vehicle provided by the School District. In certain circumstances, parents/legal guardians may need to request alternative transportation. Please read, complete, and sign this Acknowledgement.

This form must be completed at the beginning of each Sports Season.

STATEMENT	ACKNOWLEDGMENT
I am the parent or legal guardian of _____ [student name]. This permission only applies to Athletics activities and/or events.	
I would like my student to have alternative transportation during the _____ [school year] sports season as needed, for athletics activities or events as referenced above.	
Student Driving Self to Athletic Activities or Events:	ACKNOWLEDGMENT
<ul style="list-style-type: none"> I permit my student to <i>drive to and/or from</i> athletics activities or events. Scottsdale Unified School District "SUSD" does not allow students to transport other students. If this should occur, we understand we are violating the expectations of SUSD. The student will drive directly <i>to and/or from</i> athletics activities or events. My student will wear a seatbelt. 	
Parent or Legal Guardian is Driving the Student To/From Athletics Activities or Events:	ACKNOWLEDGMENT

<p>I will provide transportation for my student <u>to and/or from</u> the activity or event [as needed].</p>	
<p>Another Parent or Legal Guardian may Driving Student To/From the Athletic Activities or Events:</p>	<p>ACKNOWLEDGMENT</p>
<p>I give permission for another parent to drive my student <u>to and/or from</u> Athletic activities or events [as needed].</p> <p>Name of another parent or guardian name who can drive my student: _____ [name]</p>	
<p>Waiver, Release & Indemnification:</p>	<p>ACKNOWLEDGMENT</p>
<p>I hereby waive, release, and discharge SUSD, its employees, volunteers, coaches, sponsors, and participants from any and all claims or lawsuits for personal injury, property damage, or death resulting from the alternative transportation of my child to or from the event.</p> <p>I agree to defend and indemnify SUSD and its employees, agents, and representative from and against any claims or lawsuits arising from or related to the alternative transportation of my child to or from the event. I understand that the School District does not provide any insurance for the alternative transportation. It is my responsibility to determine whether or not the alternative transportation is adequately insured.</p>	
<p>INSURANCE</p>	<p>ACKNOWLEDGMENT</p>
<p><i>I am aware that School District does not provide accident or health insurance coverage for me or my child during this event. I realize that the district's liability coverage only applies to injury if negligence is proven against the District and the terms and conditions of the contractual liability coverage provided in favor of the District have been met; in all other circumstances, my health insurance will provide coverage for my and my child's injuries.</i></p> <p>My student has automobile insurance. <i>[applicable only if student is driving self to and/or from activity or event]</i></p>	

READ, AGREE, & UNDERSTAND***ACKNOWLEDGMENT***

I understand that this permission to provide alternative transportation must be approved by school administration, including the Principal and Executive Director of Athletics.

I have read this Acknowledgement and fully understand its terms and agree that it shall be binding on my heirs and assigns.

PARENT or LEGAL GUARDIAN SIGNATURE:

Parent or Legal Guardian Name

Signature

Date

SCHOOL ADMINISTRATOR:

Principal name and Signature

Date

EXECUTIVE DIRECTOR/CABINET LEVEL:

Administrator/Cabinet level

Date