LAKE ELSINORE UNIFIED SCHOOL DISTRICT

545 Chaney Street
Lake Elsinore, CA 92530
951- 253-7000

STUDENT EXCURSION & TRANSPORTATION WAIVER AGREEMENT

_____ _____
Student Name School

_____ _____
Activity/Excursion/Destination Date

I understand the Lake Elsinore Unified School District is providing transportation to and from the above activity. However, I do not wish to avail myself of the transportation provided by the district. As Parent/Guardian of the above student, I hereby request permission to transport my child **(only)** at my own expense.

IN PROVIDING MY OWN TRANSPORTATION FOR MY STUDENT, IT IS FULLY UNDERSTOOD THAT LAKE ELSINORE UNIFIED SCHOOL DISTRICT IS NEITHER IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION.

I will provide transportation as follows to this event. ***(please check)***

To event ____ From event _____ To and From event _____

_____
Parent/Legal Guardian Name & Address

_____ _____
Parent/Legal Guardian Signature Date
(For students under 18 years of age)

_____ _____
Approval Signature (Instructor/Staff Member) Date