**Oregon School District**
**PARENT/GUARDIAN TRAVEL REQUEST**
**TRANSPORTATION WAIVER, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY**
*Revised August 1, 2026*

**Must be sent or given to Teacher/Advisor/Coach at least 24 hours in advance of event.**

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| Student's Full Name: | |
| Event/Location: | |
| Advisor or Coach: | Date of Event: |
| Parent/Guardian Name: | Preferred Phone: |
| Adult Designated Driver Full Name: | Preferred Phone: |

THIS DOCUMENT AFFECTS LEGAL RIGHTS. PLEASE READ IT CAREFULLY BEFORE SIGNING.

I am the parent or legal guardian of the student named above ("Student"). I understand that participation in the event identified above requires District-provided transportation to or from the event (field trips, athletic competitions or other co-curricular competitions) and that students are not allowed to transport themselves or other students to this event.

1. Election of Private Transportation

I request to voluntarily elect to transport the Student myself and/or authorize the Student to be transported by the **adult** named above (who is not a high school student) whom I select, designate and approve ("Driver"), rather than using transportation provided or arranged by the Oregon School District ("District").

I understand the Driver is not acting as an employee, agent, representative or volunteer of the District merely because the transportation is associated with a District-sponsored event. I accept sole responsibility for determining whether the Driver is appropriately licensed, insured, and capable of safely transporting the Student.

2. Acknowledgment and Assumption of Transportation Risks

I understand that travel by motor vehicle involves risks of injury, death, and property damage. These risks include, among others, motor vehicle collisions; acts or omissions of drivers or third parties; road and traffic conditions; weather conditions; vehicle malfunction; and other hazards ordinarily associated with motor vehicle transportation. On behalf of myself, I knowingly and voluntarily accept and assume the risks ordinarily associated with the Student's transportation by the Driver.

3. Release From Liability

TO THE FULLEST EXTENT PERMITTED BY WISCONSIN LAW, I release and agree not to bring a

claim against the District, its governing body, officers, employees, agents, coaches, advisors, and volunteers ("Released Parties") for bodily injury, death, or property damage arising from the Student's transportation in a privately operated vehicle by the Driver, including claims alleging ordinary negligence by a Released Party in connection with such private transportation.

I understand that by signing this agreement I am agreeing to give up, to the extent permitted by Wisconsin law, claims that I, the Student, or the Student's other parent or other legal guardian may have against the Released Parties in connection with this private transportation.

4. Voluntary Agreement

I acknowledge that I have had an opportunity to read this agreement, ask questions about it, and seek legal advice before signing it. If I have any questions or concerns about the terms of this Agreement, I should contact Jina Jonen, District's General Counsel & Executive Director of Human Resources at (608) 835-4015 or jljonen@oregonsd.net. I understand that If I don't agree with the terms, my Student can use the District-provided transportation.

5. Severability and Wisconsin Law

This agreement shall be interpreted under Wisconsin law. If any provision is determined to be invalid or unenforceable, that provision shall be limited or severed to the extent permitted by law, and the remaining provisions shall remain effective to the extent legally permissible.

ACKNOWLEDGMENT

I HAVE READ THIS PARENT/GUARDIAN TRANSPORTATION WAIVER, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY IN ITS ENTIRETY. I UNDERSTAND THAT IT CONTAINS AN ASSUMPTION OF RISK AND A RELEASE OF CERTAIN CLAIMS, INCLUDING CERTAIN CLAIMS BASED ON ORDINARY NEGLIGENCE. I SIGN IT KNOWINGLY AND VOLUNTARILY.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if 18+): _____ Date: _____

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- ☐ Approved
- ☐ Not Approved Reason: _____

Signed: _____ Date: _____
Teacher/Advisor/Coach/Administrator