

## **Parental Consent for Transportation by Private Vehicle**

Please review the following information to consent to your child being transported by private vehicle for athletics purposes.

Name of Event:			
Destination:			
Designated Supervisor of Activ	vity:		
Date and Time of Departure:			
Method of Transportation:	☐ Staff Member	Name:	
	☐ Adult Volunteer	Name:	
	☐ Licensed Student Drive	er Name:	
	☐ Other	Name:	
The school verifies that the driv condition, and a safety belt will		ense, the vehicle is in	proper operating
If you would like your child to pa statement of consent and release the actions and conduct of your	se of liability. As parent or le		•
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I hereby consent to participate to above. I understand that this evunder the supervision of the deconditions stated above on part	ent will take place away fro signated school employee o	n the stated dates. I f	and that my child will be urther consent to the
In consideration of my child being myself and my child, to release their employees, agents and regany and all claims, including ne child, arising from or relating to of myself and/or my child is held harmless Releases from any archild, or on behalf of my child, a release of indemnification does does this release or indemnification to any claim.	Mason Consolidated School presentatives, including volugiligence, which may be assemy child's participation in the doto be invalid or unenforced all claims, including negligarising from or relating to my not apply to claims for interation apply to the extent of conservation.	ols and any and all affi inteer drivers (collectiverted by me or my chipse field trip. In the every able, I hereby agree to gence, which may be a child's participation in the onduct or commercial insurance	iliated organizations, vely "Releasees"), from ild, or on behalf of my nt this release on behalf o indemnify and hold asserted by me or my n the field trip. This gross negligence; nor coverage for any claim,
(Print Parent/Guardian Nam	re) (Sign Paren	t/Guardian Name)	(Date)