



Sublette

BOCES

665 N. Tyler / P.O. Box 977 Pinedale, WY 82941
(P) 307-367-6873 (F) 307-367-6634
www.subletteboces.com

Driver's Education Parent/Guardian Permission

Name of Participant: _____ DOB: _____

Name of Parents / Guardians: _____

Liability Release

I/we being the parent/guardian of the above named participant, in consideration for acceptance in the activity of DRIVER'S EDUCATION as sponsored by Sublette BOCES - Pinedale, agree to the following:

I am aware of the activity for which my child is registering and do hereby release and discharge Sublette BOCES - Pinedale, their board, and all persons or personnel related to or employed by the said organization from all actions, claims, demands, damages, and costs accrued or any that may after be accrued on account of emotional or physical injury, known or unknown, sustained resulting from accident injuries or damage while participating in said activity.

My/Our child wishes to participate in the Sublette BOCES Driver's Education Program. I/We understand that the risk to my/our child could include a full range of emotional and physical injuries, from minor to severe. I/we recognize the possibility that these injuries could result in death, paralysis, or other permanent disability as a result of my/our child's participation in this program. I/we agree to accept this risk as a condition of participation.

Authorization for Medical Care

If a sudden illness, injury, or serious medical emergency should occur while participating in the above mentioned activities and a parent/guardian cannot be reached, I hereby authorize Sublette BOCES - Pinedale to take my child to the nearest emergency medical center for treatment.

Signature: _____

Date: _____

Printed Name: _____

Additional Items for Parent/Guardian Release:

- Out of County Driving: I give permission for my child to drive out of Sublette County.

Please initial: _____ YES _____ NO

- IF YES, and you have a preference of location, please indicate below:

_____to/from Jackson _____to/from Rock Springs _____no preference

- Nighttime Driving: I give permission for my child to drive at night.

Please initial: _____ YES _____ NO