

Transportation Waiver Release Form

Permit
Number

Student Name: _____
(Last Name) (First Name) (Date)

Program: _____ Grade: _____ Coach: _____

The undersigned parent(s)/guardian(s) for the above-named student hereby give consent for the above-named student to travel with another student-athlete's parent or guardian for the program/date listed above. This is with an understanding this decision to travel is of free will and with parental consent. In consideration of the agreement to permit the student to travel, we hereby release the Board of Education for Lancaster City Schools, its officers, members, employees and agents in both their official and individual capacities (collectively the "Board") from any and all liability or demands for personal injury, accidental injury, sickness or death, as well as property damage expenses of any nature whatsoever which may be incurred by the undersigned and the student-participant while said student is participating in the aforementioned Program.

The undersigned further agrees to hold harmless and indemnify said Board, its officers, members, employees and agents for any liability sustained by said Board as a result of the negligent, willful or intentional acts of the student.

If the student requires emergency treatment as a result of an accident or event that occurs while traveling to and from or participating in the above named program, such treatment is to be provided, consistent with the Emergency Medical Authorization Form previously provided by us to the coach for the student.

We further understand, consent and agree that the Board of Education of Lancaster City Schools, its officers, members, employees and agents, including the Activity Advisor/Coach will not be held responsible for the results or treatment.

PRINT Parent/Guardian NAME

Date

Signature of Parent/Guardian

Home Phone: _____

Work Phone: _____

Alternate Emergency Contact

Print Name: _____

Work Phone: _____

Address: _____

Home Phone: _____

Student Signature

Date

(Alternate Driver Name/Parent or Guardian of -name of athlete)

(Alternate Driver Phone)

(Alternate Driver License number)

Driver Insured? Yes No