



EAST HIGH SCHOOL  
450 Ellis Lane  
West Chester, PA 19380

Principal, Dr. Sarah Graham

484-266-3800

Interscholastic Sports Driving/Riding Permission Form

Student's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

**Driving Permission and Approved Passengers (Please check one of the following):**

\_\_\_\_\_ I give the above-named student ("Student") permission to drive his/her vehicle to and from sports competitions; however, I do not give my Student my permission to transport passengers while driving to and from sports competitions.

\_\_\_\_\_ I will drive my Student to and from sports competitions.

\_\_\_\_\_ I will drive the following students to and from sports competitions. All will wear masks while in the car.

\_\_\_\_\_ My Student will ride with the following parent(s) to and from sport competitions. All will wear masks while in the car.

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

By signing below, I acknowledge and agree as follows:

- The West Chester Area School District, its board members, administration, and employees (collectively "WCASD") has no responsibility for Student or his/her passengers once the student departs from the West Chester East High School Campus in his/her vehicle
- Student is not an employee, agent or representative of WCASD when driving his/her vehicle to and from sports practices and competitions.
- WCASD does not provide insurance coverage of any kind for Student and/or his/her passengers while driving to and from sports practices and competitions in his/her vehicle. I agree to indemnify and hold WCASD harmless from any and all claims of any kind whatsoever including, without limitation, personal injury and property damage, that arise out of or are in any way related to Student's driving to and from sports practices and competitions in his/her vehicle.
- I understand that Student's driving his/her vehicle to and from sports practices and competitions is a privilege, not a right, and that that privilege may be revoked by WCASD in the event of violations of WCASD policy.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number for Verification