

# COLUMBIA UNION SCHOOL DISTRICT

22540 Parrotts Ferry Road, Columbia, CA 95310 209-533-7700 ~ FAX 532-4998

## TRANSPORTATION AUTHORIZATION AND WAIVER FORM

Name of Athlete: \_\_\_\_\_ Teacher: \_\_\_\_\_

Description of Activity: \_\_\_\_\_ Date(s) of Activity: \_\_\_\_\_

Name and relationship of individual picking up my child from event \_\_\_\_\_

By my signature below, I accept responsibility for arranging and providing for the transportation of the above named student. As parent/guardian, I hereby authorize and give permission for my child/ward to ride as a passenger in a vehicle driven by an adult.

I understand that being a passenger in a motor vehicle may result in injury, disfigurement or death. I acknowledge that the District does not provide any type of insurance including liability, collision, comprehensive or medical coverage during the transportation of the named student in connection with the described activity. I further acknowledge that the district does not provide ongoing Department of Motor Vehicles records checks of my child's driver. I understand that it is my responsibility to ensure that my child's driver is in full compliance with the California Vehicle Code.

I agree to hold the Columbia Union School District (District), its Board, officers, agents and employees harmless from all claims, losses, costs, attorney fees and expenses arising out of any liability or claim of liability for personal injury, bodily injury or death that may occur while transporting the named student(s).

**IT IS FULLY UNDERSTOOD AND AGREED THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY FOR, ANY INJURIES OR LOSSES RESULTING FROM THIS ALTERNATIVE TRANSPORTATION ARRANGEMENT.**

By my signature below, I agree to waive all claims against the District and to indemnify and hold the District, its officers, agents and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind including death, bodily injury or illness that may occur during any portion of the transportation phase.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_