Transportation Waiver Form

WAIVER AND RELEASE RE: NON-SCHOOL DISTRICT TRANSPORTATION FOR SCHOOL TRIPS

I am the parent/guardian of _______________________________ who has qualified to
Name of Student
go on the following school-sponsored or student-endorsed trip:
_____________________________________________________________________________.
Insert description of school trip activity

I understand the District will provide transportation to the above listed Student for this trip or
activity. Even though I have been informed and understand that the District will provide such
transportation, I decline the use of such transportation for the Student and waive any privilege or
right the Student may have to use such transportation in connection with the above listed trip.

I understand and agree, individually and on behalf of the Student, that the Board of Education of
Estill County, Kentucky, its officers, agents, and employees, assume no liability, responsibility
and will not otherwise be held accountable for either the means or safety of the transportation
authorized by me for transporting the Student in connection with the above school trip or activity.

By signing this form, I am specifically exercising my right and prerogative as a parent/guardian to
transport or consent to the transport of the Student by private means in a non-school vehicle to the
destination(s) called for by the school trip or activity even though I understand District
transportation is available. I further agree hold harmless and release from liability the Board of
Education of Estill County, Kentucky, its officers, agents, and employees from any suit, demand,
injuries, damages, or claims for damages of any form or description arising or said to arise out of
the use of non-school transportation which I specifically authorize by signing below. I have read
Policy 09.36 and understand all provisions and stipulations for private vehicles.

____________________________________ Parent/Guardian of _____________________
Signature of parent/guardian Name of student

____________________________________
Signature of Student

____________________________________
Signature of Witness

____________________________________
Date Received Signature of Principal/designee

(TO BE KEPT ON FILE FOR ONE {1} YEAR FROM DATE OF RECEIPT)

Review/Revised: 10/15/2015