

ELKHORN PUBLIC SCHOOLS

**WAIVER OF LIABILITY
TRANSPORTING OF STUDENTS BY EMPLOYEE IN PRIVATE VEHICLE**

SCHOOL INFORMATION

Student Name _____ Date _____

Teacher/Sponsor _____

Activity _____

Date (s) of Activity _____

*Name of Private Vehicle Driver _____

PARENT/GUARDIAN PERMISSION

I give my permission for child to participate in the above activity

I agree to my child using the transportation identified above

PASSENGER WAIVER OF LIABILITY (Disclaimer)

I recognize and acknowledge that I voluntarily authorize my child to travel to and from the above named event/activity in a private vehicle I assume all risks associated with this travel and agree to absolve, exonerate, and hold harmless the school district and employees from liability for any harm or injury resulting from this travel. I understand that I am to travel directly to and from the above named activity/event.

Parent Signature _____ Date _____

SCHOOL AUTHORIZATION OF PRIVATE VEHICLE TRANSPORTATION

I have reviewed the waiver of liability and authorize the transportation arrangement as identified.

Administrator Signature _____ Date _____