

## PRE-ARRANGED TRANSPORTATION BUENA VISTA MIDDLE SCHOOL

l,, par	ent or guardian of			
(Parent/guardian name, please print)		(student's name)		
am requesting that my child not use school d	listrict transportation	TO and/or	FROM or both)	
the event	schedu	_ scheduled for		
and allow him/her to be transported by	(please print)	who i	s at least 21	
years of age.				
AUTHORIZED CONSENT AND RELEASE:				
I hereby forever release and discharge I administrators, participants, and other personal well as the above-named party who will be to "Released Parties"), from any and all liabilities named student my hereinafter have for injurior arising from any emergency transportation but not limited to losses caused by negligency Vista School District has no contract with the may not meet requirements applicable to 13-22-107, the foregoing release shall be bistudent's parent of guardian signing below. transportation arrangements, the school will	ons involved with the interansporting my child (heres, claims, demands, or caries or damages arising out on or medical treatment is e of the Released Parties. The above named party to the qualified school bus opinding on the above named. If the above mentioned	erscholastic spore einafter collective auses of action the tof using alternation the Also, I understant aransport student perators. In acconted minor student and actions to the context and actions are the context and actions are the context and actions are actions.	ts or activities and lely referred to an act I or the above the transportation erewith, including and that the Buenats, and such party rdance with CRS at the such as well as the	
PARENT/GUARDIAN SIGNATURE				
PHONE NUMBER				

<u>INSTRUCTIONS:</u> Fill out this form for each date a student will be traveling with someone who is not their parent/guardian to or from a school activity. The form needs to be emailed/given to the coach or teacher in charge of the group at least one day in advance. If you are unsure who it should be returned to, please bring it into the front office or email to: bvms@bvconnect.org. Thank you.