

PRIVATE TRANSPORTATION CONSENT FORM

Name of Student: _____

Name of Activity: 2021 - 2022 Galatia CUSD #1 Athletics

Location of Activity: Away games/contests

Date(s) of Activity: August 2021 - June 2022

Name of grandparent/sibling 18 years or older:

RETURN THIS FORM TO THE SCHOOL BY: (DATE) prior to ~~the~~ away game/contest

My student, _____, has my permission to travel from this activity, as a passenger in a private automobile driven by the grandparent/sibling 18 years or older identified above. I understand and acknowledge that Galatia CUSD #1 ("the District") will have no financial or legal responsibility for injuries arising out of such travel. I understand that the District is making no representations regarding and is not responsible for the fitness of the driver or other passengers, or the existence of insurance.

By signing this form, I hereby release the District, as well as its directors, officers, administrators, employees, and other agents from all liability for any and all injuries arising from my student's travel from this activity as a passenger in a private automobile driven by the grandparent/sibling 18 years or older identified above. I further agree to indemnify and hold harmless the District, as well as its directors, officers, administrators, employees, and other agents, against any claims asserted by my student as a result of his or her travel to or from this activity in a private automobile driven by the grandparent/sibling 18 years or older identified above.

Must be signed by parent or guardian regardless of student's age unless student is emancipated, as declared by court order or other operation of law.

Parent or Guardian

Date

To Be Signed by Student (regardless of age):

I acknowledge that the District will have no financial or legal responsibility for injuries arising out of my travel to or from this activity. I further agree that I will abide by the Student Code of Conduct and all other District policies while participating in this activity.

Student

Date