

BARNEVELD HIGH SCHOOL
TRANSPORTATION PARENTAL PERMISSION AND LIABILITY RELEASE/WAIVER
FORM B

I, _____ (*parent/guardian name*), understand that my son/daughter,
----- (*student's name*), will be participating in _____
_____ (*name of activity/event/program*) on _____ [*date & time of*
activity/event/program].

In the event of a recurring activity/event/program, the dates and (approximate) times of such activity/event/program are

I understand that the above-described activity/event/program will not occur or be held at Barneveld High School. The above-described activity/event/program will occur or be held at (*Name of off-campus location*) _____
_____.

I consent to my son/daughter transporting himself/herself to/from the above-described activity/event/program at the above-described off-campus location. I agree that my son/daughter will comply with all school rules/code of conduct while driving himself/herself to/from to the above-described off-campus location.

I _____ give permission for my child to transport the following teammate _____

Based on the information stated above, and my understanding of the risks, circumstances and issues, I agree to release the District from all liability and waive any rights to file a claim, pursue legal action against, or seek financial relief or reimbursement from the Barneveld School District, its Board members, employees, and volunteers associated with this activity/event/program, for all damages or losses arising out of my son/daughter driving himself/herself to/from the above-described off-campus location for the above-described activity/event/program.

I affirm that my son/daughter has a valid driver's license and that no more than one minor moving violation and no major moving violations appear on his/her motor vehicle record (MVR). I understand and agree that MVR activity exceeding the levels previously described will result in my son/daughter losing the privilege of driving him/herself to/from the above-described off-campus location for the above-described activity/event/program and will notify school personnel in the event MVR activity occurs that exceeds the permissible level.

I affirm that the vehicle my son/daughter will be using to transport himself/herself to/from the above-described off-campus location is, and will be, insured by an automobile insurance policy which provides coverage limits no less than those required by the State of Wisconsin, and that my son/daughter is fully authorized to use such vehicle.

Signature of Parent/Guardian of Driver _____ Date _____

Signature of Parent/Guardian of Passenger _____ Date _____

FOR BHS USE: Received/Approved by _____

Date _____