

# Bullock Creek School District Athletic Transportation Consent Form

Student Name \_\_\_\_\_ Sport/Event \_\_\_\_\_ Grade \_\_\_\_\_

We (parents/guardians & student) recognize and understand that it is our duty and responsibility (not the school district's) to transport the student to and from practice, home activities, contests or events, and to pick up the students at the return destination upon return from away activities, contests or events.

We further recognize at times off campus sites may be utilized for team practices, contests, or events. Parents may be called upon to transport students. In such cases, it is the parents' responsibility to specify how their son or daughter will get to off campus sites and back to campus.

**Athletes are not allowed to drive, or ride with another minor/student, to or from away activities/contests/events.**

**Please identify who may transport your son/daughter:**

**Yes/No**

Parent/Guardian Name _____	Phone _____	___/___
Parent/Guardian Name _____	Phone _____	___/___
Parent/Guardian Name _____	Phone _____	___/___
Parent/Guardian Name _____	Phone _____	___/___
Parent/Guardian Name _____	Phone _____	___/___
Parent/Guardian Name _____	Phone _____	___/___
Other _____	Phone _____	___/___

Please specify all authorized individuals.

### ***Transportation Consent***

We, the undersigned, student and parents/guardians, acknowledge that we have read this authorization and consent, understand its contents and agree to its terms, conditions, responsibilities and duties placed upon us and hereby release and discharge the school district, its agents, servants, employees, and volunteers from any and all claims, demands, and causes of action, present or future, whether known, anticipated, or unanticipated, resulting from or in any manner arising out of the student's participation and engaging in or incident to, said activity, contest, or event as herein before set forth, and we shall keep, save, defend, indemnify, not sue and hold harmless the school district, its agents, servants, employees and volunteers there from.

### **Must be completed in ink:**

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_ Certification \_\_\_\_\_

I understand that as a volunteer driver, I must be 18 years of age or older, be a nonstudent, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students.

I have read the above and understand my personal insurance is responsible for coverage while driving on a field trip or to extracurricular activities.

\_\_\_\_\_  
 Printed Name of Volunteer Driver      Signature of Volunteer Driver      Date