

Activity Travel Release



Parent/Legal Guardian Consent and Release of Liability for Student Transportation to/from Event

Student's Name: _____ Date: _____

Event: _____ Location: _____

The reason for not riding the bus/school van is: *(Reason must be sufficiently urgent to family needs to justify this request.)*

I understand this request is for the convenience of the student and family, and the Wisconsin Rapids Public School District will not reimburse for any travel expenses incurred by you.

I understand that the parent/guardian of the student may only transport the student named above to the event and is **not** authorized to transport other students.

I acknowledge and accept full responsibility for transporting the Student to/from the Event described above. I understand that by signing this form, I agree to release, indemnify, and hold harmless the Wisconsin Rapids Public School District, employees, its Board of Education, and agents and any and all persons or entities holding hereunder, including any and all policies of insurance from all liability for any adverse results that may occur including any and all claims in the event of an accident, property damage, personal injury, or death of the Student.

I understand that the Wisconsin Rapids Public School District is not responsible for the safe operation and material condition of the vehicle. By signing this request, I acknowledge that the driver is properly licensed and insured to operate a motor vehicle in the State of Wisconsin.

I understand that the Wisconsin Rapids Public School District is not responsible for the timeliness of the Student's arrival and departure from the Event described above. In addition, I understand that there will be only limited supervision of the Student while in attendance at the Event.

I understand and agree that the District's Co-Curricular Code of Conduct applies during the Student's transportation to and from the event.

By signing below, I acknowledge that I have read this agreement, that I understand its terms, and that I have signed the agreement knowingly and voluntarily.

Date

Parent/Legal Guardian Signature

Date

WRPS HS Administration/Supervisor Signature