

PARENT/GUARDIAN DRIVER APPROVAL FORM



NAME OF STUDENT (PLEASE PRINT) _____

NAME OF PARENT/GUARDIAN (PLEASE PRINT) _____

I, the undersigned parent or guardian of the above named student, intend to drive my own student to and/or from the school-sponsored event(s) listed below:

Date of event(s): _____ Teacher/Advisor/Coach: _____

Event(s) and Destination _____

I acknowledge that it is the policy of Central Valley School District (hereinafter referred to as "the district") to provide my student transportation to this/these event(s). By affirmatively electing to instead drive my student, I acknowledge that I am doing so by my own free and voluntary choice; that no employee or agent of the district requested that I drive my student to this/these event(s); and that district-provided transportation would otherwise be provided for my student. I, therefore acknowledge that in driving my student, I shall not be acting as an employee, agent, or representative of the district. I further acknowledge that neither the district, nor any of its employees or agents, nor any insurer of the district, shall have any responsibility nor liability to me, or to my student, or to third persons, who may incur personal injury or property damage by virtue of my actions or inactions in driving my student to this/these event(s). I further agree to defend, indemnify, and hold the district harmless for any claims of responsibility asserted against the district based on my said actions or inactions in driving my student to this/these event(s). I also understand and agree that in the course of driving my student to this/these event(s), I will not transport any other students participating in the event.

X

Signature of Parent/Guardian

Date signed

Parent phone# for school day contact _____

WHITE: To be filed with principal/designee prior to departure of trip(s)
YELLOW: Teacher/Advisor/Coach