

**CONSENT AND RELEASE OF LIABILITY
FOR STUDENT VEHICLE TRANSPORTATION**

_____ (“Student”), may provide his or her own transportation during the school day or to and from clinics, facilities, and other locations hosting school-related activities, including operating vehicles and other forms of transportation, riding in vehicles operated by other students, and using public transportation.

The Student and I understand the risks to students from driving, riding with adolescent drivers, using public transportation, and using other forms of transportation and I consent to Student participating in those activities. The Student and I understand and acknowledge that the Independence 30 School District does not insure students for damages arising from the operation of any private vehicle, including physical injuries and other damages from accidents involving motor vehicles, regardless of the driver of the vehicle.

In consideration of providing for Student’s interests and opportunities, and other adequate consideration received, I hereby release and agree to indemnify and hold harmless the Independence 30 School District, its Board, its Board members, administrators, directors, officers, teachers, employees, assigns, and volunteers from and against all damages, including any and all related costs, attorney fees, liabilities, settlements, and judgments, arising out of Student providing his or her own transportation during the school day. I acknowledge that I am fully aware of all risks and hazards that may be directly or inherently involved in said transportation, and accordingly assume all risks and hazards of injury, harm, or other damages associated with it.

The Student has permission to travel to and from the following locations:

Sport or Activity _____ Date of Sport or Activity _____
Destination _____
Reason for alternate transportation _____

_____ Has permission to drive ONLY himself/herself to sport or activity listed above.
_____ Will be transported by a parent or legal guardian to the sport or activity listed above.

I am the parent or legal guardian of Student. I have carefully read this Assumption of Risk and Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. Consent and Release of Liability and agree to its terms knowingly and voluntarily.

Name of Student’s Parent or Legal Guardian	SIGNATURE	PHONE	DATE
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Name of Student	SIGNATURE	NUMBER	DATE
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APPROVAL:

Name of Coach/Sponsor	SIGNATURE		DATE
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Activities Director	SIGNATURE		DATE
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