



Transportation
Parental Consent and Release Form

This form must be submitted to the school principal at least one week before the date of the event.

CONDUCT DURING ACTIVITY

I understand that my child's participation in the activity as described below is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for this activity; all District policies and procedures; rules of conduct set forth in the Student Code of Conduct; and, state and federal regulations and laws. I understand that all District rules and policies apply to my child and the other students during the course of the field trip/activity.

TRANSPORTATION PERMISSIONS AND WAIVER

I also understand that private drivers, which may include my child (pending my written permission below), a teacher, an administrator, or the parent of another student participating in the activity, may be used to transport students to and from the activity. The owner of the vehicle must carry bodily injury insurance. The District's insurance does not cover damages arising from, or related to, the operation of any private vehicle, failure to follow the directed driving route, or any personal negligence related to this activity. Any damages/harm resulting from a parent/guardian/or other designated driver (including student-drivers), arising from the operation of a motor vehicle in relation to the activity listed below, is hereby waived.

Please initial on the appropriate space to the left of each statement below to acknowledge your acceptance of the following permissions and provide a description of the activity.

I give permission for my child to ride in a private vehicle to and/or from the following activity with:

\_\_\_\_\_

I give permission for my child to participate in the following Career and Technical Education activity as described:

\_\_\_\_\_

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that this field trip / activity may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation. By signing this form, however, I hereby release Perquimans County Schools, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and District policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver's operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

I have signed this CONSENT AND RELEASE this \_\_\_ day of \_\_\_\_\_, 201\_\_.

(Student's Signature)

Date

(Signature of student parent/legal guardian)

Date

THIS REQUEST IS: \_\_\_APPROVED \_\_\_DISAPPROVED

(Principal Signature)

Date