



# Collinsville Community Unit School District 10

201 West Clay Street • Collinsville, IL 62234 • 618-346-6350 • fax 618-343-3673

## COLLINSVILLE COMMUNITY UNIT SCHOOL DISTRICT NO. 10 TRANSPORTATION WAIVER OF LIABILITY AND PERMISSION FORM

**\*\*\*THIS SIGNED WAIVER MUST BE IN THE POSSESSION OF THE SUPERVISING STAFF MEMBER PRIOR TO THE PARTICIPANT'S RELEASE TO ANYONE OTHER THAN THEIR OWN PARENT/GUARDIAN\*\*\***

I am the parent/legal guardian of \_\_\_\_\_ and would like my  
(Participant Name, Please Print Clearly)

child to be transported to and/or from the athletic event(s) listed below in the following way:

- I VOLUNTEER to drive my own child to and/or from the athletic event(s) listed below.
- I give permission for another parent/guardian to drive my child in their personal vehicle to and/or from the athletic event(s) listed below. **\*\*\* Volunteer's proof of insurance and valid driver's license is to be on file in the District Office for parent/guardian driving said minor(s). \*\*\***

\_\_\_\_\_  
Name of parent/guardian granted permission to drive child

DATE OF EVENT	NAME OF ATHLETIC EVENT	LOCATION OF ATHLETIC EVENT

### IMPORTANT – MUST READ:

*I, the undersigned, understand that my child may be at risk of injury or death by being transported in a private automobile owned and operated by me or another parent/guardian and assume such risk on behalf of my child. I/we agree not to hold Collinsville Community Unit School District #10, or any of its agents, employees, volunteers, Board of Education members, in their individual and official capacities, or insurers liable for any sum which I/we might claim as a result of death, injury, or property damage arising out of, or caused by any accident or occurrence during the time said student is being transported by me or being transported by another parent/guardian in conjunction with the activities listed above.*

**NOTE:** The school district does not provide, nor is it responsible for liability, comprehensive and collision coverage for your vehicle.

### PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_

Date: \_\_\_\_\_

Athletic Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Athletic Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_