

As the parent/guardian of my student, I acknowledge that my student is engaged in athletic and/or other extracurricular activities that involve off-site travel to practices and events and: (1) Queen Creek Unified School District ("the District") does not provide transportation to and from the extracurricular activity listed below; or (2) The District provides transportation for students but the parent/guardian agrees to allow his/her student to opt out of District provided transportation.

This Waiver Form applies only to those situations in which the District/School does not require that students travel on District provided transportation.

Today <sup>9</sup>	's Date:		School Year:	
Studen	nt Name:			_
Parent	(s) Name:			-
School	:		Activity:	
form shapered athletic Parent/option(for con	nould be returned nce(s), please core or other extracuration hereby (s) selected below firming or assuring the from any liability option A – Dri student to travel Option B – Tranamed student to Option C – Carconsent to allow	to the school's design mplete and submit a no cricular activity in which acknowledges that his acknowledges th	nated assistant principal. Shew form. A separate form such the student participates. Sher student will be responsible acknowledges that the existing with the option(s) selected transportation exercised in a linear linea	sible for compliance with the District will not be responsible I below and hereby releases the I the option(s) selected below.  to allow the above named wn personal vehicle.  my consent to allow the above I his her parent(s)/guardian(s).  t or Adult - I hereby give my ff-site practices/events with
Parent/Guardian Name		Parent/Guardian Signa	ature	
Studen	nt Signature (if 1	8 years or older)		

## Acceptance of Responsibility and Waiver of Liability

Student Name:	
Parent(s) Name:	
School:	
Activity:	
provide transportation to drive or ride with anothe	of my student, I acknowledge that Queen Creek Unified School District does not and from the extracurricular activity listed above and/or my student may wish to restudent or student's parent or family member in a private vehicle to or from an . I acknowledge that Queen Creek Unified School District and its employees ansportation.
that the District cannot d District accepts no respo insurance for any drivers	tation in a private vehicle presents the risk of an accident and serious injury and etermine whether the driver is properly licensed or insured. I understand that the nsibility or liability for verifying, or for failing to verify, the status of the vehicle of private vehicles. I assume full responsibility for liability incurred and the sele's owner or driver's personal insurance will be primary in case of an accident.
damage, injury, or death authorize my student to temployees, the Governir liability, claims, demand	all risks of this transportation and hold the District harmless for any loss, that may occur during or as a result of this transportation. I accept these risks, travel by private vehicle, and release the District, its current and future ag Board, executors, administrators, insurers, and its successors from any and all s, costs, charges, and expenses of every kind related to any personal bodily injury turring while the above named student is traveling to and from off-site ner related events.
Parent(s) Name:	
Parent(s) Signature:	
Date:	<del></del>
I hereby confirm the si	gnature above is that of the parent / guardian.
School Representative	:
Signature:	
Date:	