

TYLER INDEPENDENT SCHOOL DISTRICT (hereafter the "District")

Release for Student Alternative Transportation to School-Sponsored Off-Campus Activity(ies)

Name of Activity: _____

Destination (street address): _____ City: _____

Date Recurring Activity begins and ends: _____ to _____.

TRAVEL RELEASE

I desire that my student be allowed to travel to and from the activities listed above via alternative methods. Although school transportation may be provided or available, I desire my student travel to and/or from the activities via an alternative mode of transportation. This alternative mode is with my student's parent or legal guardian or by use of his or her personal vehicle and legal driver's license. Students shall not permit students other than siblings to ride with them.

Accordingly, my student will not provide or accept rides to or from any other student. The District will not allow any other alternative mode of transportation.

I and my student understand transportation to and from the activities could create risk to the health or safety of my student. I assume full and complete responsibility for any injury or accident that may occur to my student while traveling to or from the activities in transportation not provided by the District. In consideration of the District allowing my child to participate in the off-campus activities and other good and valuable consideration, the receipt of which is acknowledged, **I release and waive all claims I or my student may have against the District, its Board of Trustees, employees, agents, and representatives resulting, in whole or part, from my student traveling to and from the activities listed above by means not provided by the District, including but not limited to claims of negligence, whether sole, joint, contributory or otherwise, against the District or claims against the District arising under the Texas Torts Claims Liability Act.** The release and waiver will be binding on my heirs, legatees, administrators, successors and assigns.

Printed Name of Parent/Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Printed Name of Student: _____

Signature of Student: _____ Date: _____

Sponsor/Coach Signature: _____

Date Approved: _____

Note: Student Medical/Emergency Information must be on file in athletic trainer's office.
