## Waiver/Permission to Transport Student To/From

## **Extra-Curricular Events and Contests**

## **Clarke County Board of Education**

Student:	
Date of Birth:	
Event/Activity/Sport:	
Coach/Sponsor:	
Date: OR Season:	
(Person(s) Authorized to Transport my child – Driver over the age of 21)	
Driver # 1:	
Driver # 2:	
Driver # 3:	
I give permission for my child/charge ("child") to be transported in a motor vehicle identified to an event at the specified location on the date indicated. I understand the follow all applicable laws regarding riding in a motor vehicle and is expected to follow the driver and/or other adult volunteers. I have read, understand, and discussed with traveling in a motor vehicle driven by an adult and they are to wear their safety-belt expected to respect each other, the vehicles they ride in, and the people they travel in a motor vehicle may result in personal injuries or death from wrecks, collisions or objects; and • They are to remain in their seats and not be disruptive to the driver oby participating in this activity, as with any activity involving motor vehicle transport personal injury or permanent loss. I hereby attest and verify that I have been advise have full knowledge of the risks involved in this activity, and that I assume any expentence event of an accident, illness, or other incapacity, regardless of whether I have accondition for the transportation received, I, for myself, my child, my executors and and forever discharge The Clarke County Schools, its elected governing Board and the and volunteers from any claim that I might have myself or that I could bring on my chamages, demands or actions whatsoever, including those based on negligence, in a transportation. I have read this entire waiver and permission form, fully understand bound by its terms.	hat my child is expected to we the directions provided by the my child that: • They will be while traveling; • They are with during the trip; • Riding acts by riders, other drivers, of the vehicle. I recognize that tation, my child may risk d of the potential risks, that I makes that may be incurred in uthorized such expenses. As a assigns, further agree to releas heir agents, officers, employee thild's behalf with regard to an any manner arising out of this
Parent/Guardian Name (please print):	
Parent/Guardian Signature:	