

TRANSPORTATION WAIVER / ALTERNATE TRANSPORTATION FORM

(Parent/Guardian/Volunteer/Employee)

I am the parent/legal guardian of _____ Event: _____
(Student Name, Please Print Clearly)

and would like my child to be transported to or from the activities listed below in the following manner:

- I give permission for a **volunteer/employee of Praise Academy to drive my child in a Praise Academy vehicle to and/or from the events listed below.** Note: This item is for standard field trip events.

- I would like permission to **drive my own child, in my own car, to and/or from the events listed below.** I understand that children other than my own may not be transported in my vehicle, neither to nor from this activity unless written parental permission is given.

- I give permission for a **volunteer/coach/teacher to drive my student in their personal vehicle and/or Praise Academy vehicle to and/or from the events listed below.** ***Employee/Volunteer Personal Vehicle Form (Proof of Insurance) is to be on file in the School Office for volunteer/coach/teacher driving said minor. ***

- I give permission for **another parent to drive my child/children in their personal vehicle to and/or from the events listed below.** ***Employee/Volunteer Personal Vehicle Form (Proof of Insurance) is to be on file in the School Office for volunteer/coach/teacher driving said minor. ***

- I give permission **to my child to use his/her own vehicle** WITHIN OUR LOCAL AREA AND AT THE SCHOOL'S DISCRETION. DOES NOT APPLY IF SCHOOL TRANSPORTATION IS PROVIDED. It is understood and agreed that my son/daughter will not transport any other student in his/her vehicle.

- I give permission **to my child to use his/her own vehicle to transport other students with written parental permission from you and other student's parent** WITHIN OUR LOCAL AREA AND AT THE SCHOOL'S DISCRETION.

Date of Event	Event and Location	Name of Person Authorized to Drive my Child	Proof of Insurance

I, the undersigned, understand that my child may be at greater risk of injury or death by being transported in a private vehicle instead of a school bus and assume such risk on behalf of my child. I/we agree not to hold Praise Academy and/or the high school, or any of its agents or employees liable for any sum which I/we might claim as a result of 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 driving himself/herself, or driving with another adult to or from said practice, game or event in conjunction with the activities listed above. I further understand and accept that the school can be responsible for my child missing information provided during the trip to the event or returning.

NOTE: If you drive your personal automobile as a volunteer or employee of the school and you are involved in an accident, by law your liability insurance policy is used first. The school liability policy would be used only after your policy limits have been exceeded. The district does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

Students are required to notify the Coach or Advisor that they will be providing their own transportation at least 24 hours in advance of the activity. If the Coach or Administrator decides that self-transportation for this particular event is inappropriate, the student and parent agree that the student will use the transportation provided by the school. **A student granted permission to utilize transportation other than school transportation MUST personally notify the Coach or Advisor (along with the person(s) providing the transportation) prior to being dismissed from an event. No student is permitted to leave an event without first checking in with the Coach or Advisor.**

It is understood and agreed that this permission to provide our own transportation is granted by the School Administrator/Principal, Assistant Principal, Athletic Director and/or Advisor of the activity and can be revoked at any time at their discretion.

PARENT/GUARDIAN SIGNATURE: _____ Dated: _____

APPROVED BY ADVISOR: _____ Dated: _____

APPROVED BY ADMINISTRATION: _____ Dated: _____

THIS SIGNED WAIVER MUST BE IN THE POSSESSION OF THE SUPERVISING FACULTY MEMBER PRIOR TO THE STUDENT'S RELEASE TO ANY ABOVE MENTIONED PARENT/GUARDIAN