TRANSPORTATION RELEASE FORM
FOR CO-CURRICULAR AND EXTRA CURRICULAR PROGRAMS

Notice to Parents and Guardians: For some extra-curricular and co-curricular activities private transportation may be used. In such cases, parents are responsible for ensuring their student is following safety guidelines. Please communicate with your student in order to know with whom he or she may be riding.

1. Student riding with other licensed drivers (other than authorized district personnel):
   I give my consent for ________________________________ (student name) to ride with other licensed drivers, including other students, to and/or from school-related activities or practices.
   YES ____________ NO ____________

2. Student providing his/her own transportation:
   I give my consent for ________________________________ (student name) to drive an automobile owned or leased by him/her or me to and/or from school-related activities or practices.
   YES ____________ NO ____________

3. Student transporting other students:
   I give my consent for ________________________________ (student name) to transport other students to and/or from school-related activities or practices.
   YES ____________ NO ____________

If you answered “YES” to either number 2 or 3 above, please complete the next section:

__________________________________ (Student name) holds a valid driver’s license and is in compliance with Missouri state law.

__________________________________ (Student name) is insured by an automobile liability insurance policy, which is in compliance with the requirements of the Missouri law.

Student’s Driver’s License Number ____________________________ State _________________

Insurance Company ____________________________ Policy Number __________________

*By my signature below, I understand and agree that the District assumes no liability, and I hold the District harmless, for my transit/the transit of my child, or for incidents related to my transit/the transit of my child, while traveling in a private vehicle. I further agree that I/my child is not in the care, custody, and/or control of the District while traveling to or from co-curricular or extra-curricular activities in a private vehicle.

***SIGNATURES REQUIRED BELOW***

Signature of Parent or Guardian ____________________________ Date ____________

Signature of Student ____________________________ Date ____________