



PARENT/GUARDIAN TRANSPORTATION WAIVER

The District is providing bus transportation (“District transportation”) to away events. Bus transportation is the best and safest option, so we strongly encourage you to take advantage of this service.

However, in the event of extenuating circumstances, Wissahickon School District will allow parents/guardians to provide transportation to and from away events for ONLY his/her child. Students are NOT allowed to transport themselves to or from an away event.

By signing this Transportation Waiver, I understand the above provisions and agree to relieve Wissahickon School District and its agents/employees/contractors/board members (“Releasees”) of all responsibility for transporting my child, identified below, to and from a scheduled away event. I agree that transportation of my child to and from away events will be my sole responsibility and understand that my child is not permitted to transport themselves to or from an away event. I agree to waive all rights to claims against Releasees as they relate to this matter. I agree to voluntarily assume liability for any injury (including, but not limited to, illness, disability, and death) caused to my child, myself, or other third parties, damage, loss, claim, liability, or expense of any kind that I or my child may experience or incur resulting from non-District transportation (i.e., parent/guardian transportation) of my child to or from a scheduled away event. I agree to indemnify and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me, my child, anyone on my or her/his/their behalf, or any third parties arising from or relating to non-District transportation of my child to or from a scheduled away event, including for claims of negligence by Releasees. I agree that at my own cost and expense, I will have and maintain insurance covering Releasees as additional insureds for any claims of injury (including, but not limited to, illness, disability, and death), loss, claim, liability, or expense of any kind that I or my child may experience or incur resulting from non-District transportation of my child to or from a scheduled event.

Printed Name of Student-Athlete _____ **Sport** _____

Printed Name of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____