

PRESCOTT UNIFIED SCHOOL DISTRICT No. 1

**ALTERNATIVE TRANSPORTATION FOR
ATHLETIC EVENTS AGREEMENT**

**Informed Consent, Assumption of Risk,
Liability Release, and Indemnity Agreement**

Prescott High School provides students with transportation to and from athletic events. Students are required to travel to and from the event in a vehicle provided by the School District unless there is a written agreement for an alternative arrangement between the parents and the coach or school administrator twenty-four (24) hours prior to the event. If an alternative arrangement is made, students may only travel to or from the event with their parent, legal guardian, or chaperone assigned to transporting for the event.

I am the parent or legal guardian of _____. I grant permission for my child(ren) to travel to or from (circle **one** or **both**) the event with

_____ on _____.
(names of those providing transportation) (date)

I hereby waive, release, and discharge Prescott Unified School District, its employees, volunteers, coaches, sponsors, and participants from any and all claims or lawsuits for personal injury, property damage, or death resulting from the transportation of my child by me to or from the event.

I understand that the School District does not provide any insurance for the alternative transportation. I agree to defend and indemnify Prescott Unified School District and its employees, agents, and representative from and against any claims or lawsuits arising from or related to the transportation of my child by me to or from the event.

I understand that the School District may discipline my child for disregarding this policy or withhold him from participating in the event or future events.

I am aware that School District does not provide accident or health insurance coverage for me or my child during this event. I realize that the District's liability coverage only applies to injury if negligence is proven against the District and the terms and conditions of the contractual liability coverage provided in favor of the District have been met; in all other circumstances, my health insurance will provide coverage for my and my child's injuries.

I have read this agreement and fully understand its terms and agree that it shall be binding on my heirs and assigns.

Parent's Name and Signature

Date

PHS Administrator's Name and Signature

Date