



PARENT-PROVIDED TRANSPORTATION WAIVER FOR CURRICULAR, CO-CURRICULAR AND EXTRACURRICULAR EVENTS, SERVICE PROJECTS, FIELD TRIPS AND SCHOOL CLUB ACTIVITIES

This waiver/permission slip is for participation in _____ for the 2019-2020 school year. This activity will be supervised by the Berea City School District staff. The Board of Education may provide transportation for students to/from the activity; however we choose to provide such transportation on our own and/or allow Student to be transported to or from the Activity by another parent or individual (“Alternative Transportation”).

We, the undersigned student and parents/guardians of _____
(Name of Student)

do hereby assume full responsibility for any risk of injury or loss due to the Alternative Transportation to or from the Activity. The undersigned further release the Berea City School District Board of Education and its agents from any and all liability or cause of action arising from or by reason of any injury or loss that results from the Alternative Transportation to or from the Activity. We expressly agree that this release is intended to be as broad and inclusive as permitted by law and that if any portion of this release is held invalid the balance shall continue in full force and effect.

The undersigned further release, waive, discharge and covenant not to sue the Berea City School District Board of Education, its individual members, its superintendent, principals, administrators, employees, agents or anyone acting on its behalf, from any and all liability, claim, demand, action or cause of action, of whatever kind or nature, either in law or equity, arising from or by reason of any bodily injury, personal injury or mental injury, known or unknown, including death, resulting from, or to result from Student’s participation in the above-referenced activity and the necessary travel to and from the activity site on behalf of or in the name of the Berea City School District Board of Education.

I/we expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which said student may be injured and that if any portion of this release is held invalid, it is agreed that the balance shall, nevertheless, continue in full force and effect.

I/we further state that I/we have fully and carefully read the above release and know the contents of same and sign this release as our own free act.

Dated: _____
Parent/Guardian

Dated: _____
Student