

Ben Lippen School Athletics
Release and Waiver of Liability
(Alternative Transportation Waiver)

I acknowledge my child and/or dependent, _____ (print name of student athlete) has agreed to participate in Ben Lippen School's Athletic Program henceforth known as the "program."

I understand participation in the program is not mandatory, and participation is purely voluntary.

I understand Ben Lippen School will provide transportation to and from the most program events.

It is the understanding of Ben Lippen School that only when a parent/guardian has notified in writing (email or text to Coach – primary - and/or the Athletic Director) and received acknowledgment may the student-athlete take alternative transportation and NOT participate in the travel arrangements provided. This exception is only for the specified event in the written communication.

Please note:

- 1. With prior written permission to the coach and Athletic Director, in some cases, student-athletes may drive themselves to athletic events.**
- 2. Under NO circumstances are minor athletes allowed to drive other non- related minor athletes.**
- 3. If an adult other than the student-athletes' parent/guardian will be providing transportation to/from event program, prior written permission from the school must be obtained at least 24 hours in advance. No minor participant will be released to unauthorized persons.**

It is, therefore, understood that you accept full responsibility for travel arrangements and the associated costs when alternative transportation has been elected. Further, as set forth below, Ben Lippen School is NOT responsible for any injury or damage which may arise out of your election for alternative travel arrangements.

I understand that travel/transportation arrangements to and from the athletic event locations are available to me and with prior written notice for that specified event, I have elected to decline these arrangements. I accept full responsibility for travel arrangements. I understand that if personal vehicles will be utilized, the vehicle's insurance may be primary and the school secondary. Ben Lippen School reserves the right to verify coverages under that policy and confirm other drivers' insurance is acceptable to the school's insurance policy.

I agree that Ben Lippen School and its officers, trustees, employees, agents, representatives, any department, organization or group affiliated therewith, assume NO responsibility for any injury or damage arising out of, or in part caused by electing alternate transportation to previously specified athletic events.

While electing alternative transportation to or from an athletic event, in the event that people being transported or I am injured, I agree to assume any financial obligation, either through my personal insurance or through some other means, for any medical costs I may incur. Ben Lippen

School assumes no responsibility for any medical expenses, injury, or damage suffered in connection with the use of alternative transportation.

IT IS MY INTENTION BY SIGNING BELOW TO ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON MYSELF, AND TO EXEMPT BEN LIPPEN SCHOOL FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH WHILE USING ALTERNATIVE TRANSPORTATION.

By signing this agreement, I waive the right to bring any legal action now or at any future time to recover compensation or obtain remedy for any injury to myself, my child and/or dependent, my property or death, however caused, arising out of using alternative transportation. I further agree that I, my spouse, guardians, heirs and legal representatives will not make any claim against or sue for any loss or damage resulting from participation in alternative transportation. I am aware of the potential dangers and risks associated with not using the transportation provided by the school. I am aware that this agreement serves as a release of liability, a waiver of my legal right to collect damages in the event of injury, death or property damage while using alternative transportation.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND BEN LIPPEN SCHOOL AND SIGN IT OF MY OWN FREE WILL.

THE PARENT OR GUARDIAN HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT AND DOES SO VOLUNTARILY.

STUDENT NAME (PRINT)

PARENT NAME (PRINT)

SIGNATURE OF PARENT OR GUARDIAN (required)

DATE