



Tigard-Tualatin School District
STUDENT DRIVING SELF IN PRIVATE VEHICLE
Parent/Guardian Permission & Liability Release Form

Student Name: _____ Grade: _____

School: _____ Teacher: _____ Home Phone: _____

Address: _____

Parent/Guardian Name: _____ Work Phone: _____

Parent/Guardian Name: _____ Work Phone: _____

Emergency Contact (Other Than Parent/Guardian): _____

Emergency Phone: _____

Student's Driver's License State _____ # _____ Exp. Date _____

Student's Insurance Carrier: _____ Policy #: _____

ACTIVITY: _____

Activity Date(s): _____ **Activity Location(s):** _____

Notes: _____

- Yes No **I confirm my child has a valid driver's license**
- Yes No **I confirm my child has valid & in force auto insurance**
- Yes No **I confirm the private vehicle is properly licensed and in safe and proper state of repair**
- Yes No **I confirm the private vehicle has adequate number of working seatbelts and they will be used at all times**

I, the parent/guardian of the above named student, grant permission for my child to participate in the above-described activity. Additionally, I grant permission for my child to drive themselves in their private vehicle to/from the above named activity.

In consideration of my child's participation in the aforementioned activity, I (we) waive and release any and all rights and claims for losses and damage that I (we or our child) may have against Tigard-Tualatin School District. This release shall be binding upon our representative, successors and assignees.

Furthermore, I (we) recognize that providing personal accident insurance and payment of medical expenses our child may sustain due to participation in activities is my (we or our child's) responsibility.

In the event of injury, loss or damage resulting from transportation for the aforementioned activity, I (we) waive and release any and all rights and claims for injury, losses and damage that I (we or our child) may

have against Tigard-Tualatin School District. This release shall be binding upon our representative, successors and assignees.

- Our insurance is primary in the event of an accident.
- We or our child is responsible for any injury because of accident.
- The student is **not** allowed to drive other students to/from the activity.

In the event that my child may require(s) emergency medical treatment while participating in the previously mentioned activities, I hereby authorize my child to receive emergency medical treatment as may be necessary, including transport by ambulance.

Dated this _____ day of _____ , _____

Signature of Parent/Guardian: _____

Signature of Student: _____

FOR OFFICE USE ONLY:

BUILDING ADMINISTRATOR: Approved Denied _____

Building Administrator Date