



Tigard-Tualatin School District
STUDENT ACTIVITY TRANSPORTATION VIA 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: _____

For swimming activities:
 Please identify if your child is a “swimmer” _____ or “non-swimmer” _____.

**Non-swimmers are required to wear life vests at all times and stay in the shallow areas.*

ACTIVITY: _____

Activity Date(s): _____ **Departure Time:** _____

Activity Location(s): _____ **Return Time:** _____

Transportation Type: PRIVATE VEHICLE **Driver:** _____

Notes: _____

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 be transported in a private vehicle by the above named driver to/from said 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.

- The vehicle driver’s insurance is primary in the event of an accident.
- The driver of the vehicle is responsible for injury to any passengers because of accident.

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: _____