

**SHALER AREA SCHOOL DISTRICT
ATHLETIC DEPARTMENT**

Clint Rauscher
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Faculty Manager

George Alexander
Faculty Manager

TRANSPORTATION WAIVER/ALTERNATE TRANSPORTATION FORM

This form must be on file with the Athletic Department 24 hours in advance of the contest.

STUDENT NAME: _____

GRADE: _____

GROUP: _____

DATE OF EVENT: _____

EVENT: _____

DESTINATION: _____

Please mark ALL appropriate boxes & secure all required signatures

I certify that I am personally transporting the above name student to/from the contest/event.

== OR ==

I give permission for my child to transport themselves to/from the contest/event.

I give permission that _____ a family member over 18 years of age to drive the above named student to/from event listed above. _____

(signature required of driver)

==OR==

I give permission that a non-family member adult _____ to drive the above name student in our personal vehicle to/from listed event. _____

(signature required of driver)

I understand that my child may be at risk of injury or death by being transported in a private automobile instead of a SASD school bus and assume such risk on behalf of my child. I agree not to hold Shaler Area School District and/or Shaler Area High School or any of its agents or employees liable for any sum I which might claim as a result of injury, property damage arising out of, or caused by any accident or occurrence during the time said student is being transported by driving them self, driving with another adult, or driving with another student to or from said event It is understood and agreed that permission to provide our said transportation is granted by the Shaler Area High School Administration and may be revoked at any time at their discretion.

PARENT/GUARDIAN SIGNATURE

Date: _____

ADMINISTRATIVE APPROVAL: _____

Date: _____

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