

TRANSPORTATION AUTHORIZATION AND WAIVER

Time Block 2 10:10-12:30/Period 2 & 3

The purpose of this form is to provide my authorization for _____ (“Student”) to provide or arrange for his or her own transportation to and from the District 916 classes outlined above.

This transportation may be provided by me, Student in his or her own vehicle, or by another student or adult who is willing to transport Student. I understand and agree that Independent School District No. 833, South Washington County Schools (“District”), does not supervise parents/guardians or students who provide their own transportation to the classes outlined above, or who carpool with other students or families. I further understand and agree that I am solely responsible for the supervision of all aspects of Student’s transportation associated with the classes identified above.

By signing this document, I agree to the following:

1. I understand, acknowledge, and have discussed with my child the dangers associated with distracted driving, such as the significant risk of injury or death associated with using portable electronic devices in a motor vehicle, driving while impaired, and driving while being distracted by other passengers.
2. I understand, acknowledge, and have discussed with my child the importance of wearing a seat belt, the importance requiring all passengers in a vehicle to wear a seat belt, and the importance of obeying posted speed limits and driving at an appropriate speed based on road conditions.
3. I understand, acknowledge, and have discussed with my child the requirements of Minnesota’s graduated driver’s license law. Student will not transport any other individuals if doing so would violate the conditions placed on an instructional permit or provisional driver’s license. If Student will be transported by another student, I will ensure that the student who is driving Student is able to legally transport Student.
4. I will ensure that any vehicle used to transport Student in connection with the Class identified above is insured to the extent required by Minnesota law.
5. I understand that I am solely responsible for ensuring that Student or whoever will be transporting Student is a responsible driver and does not pose a risk of harm to other motorists or passengers.
6. I understand and agree that I am solely responsible for the supervision of all aspects of Student’s transportation associated with the Class identified above.

Knowing the inherent risks and dangers involved with motor vehicle transportation, I hereby voluntarily assume such risks and, to the fullest extent permitted by law, I hereby voluntarily waive, release, and forever discharge the District and its current and former board members, officers, directors, employees, volunteers, agents, insurers, and representatives from any and all liability, actions, claims, and demands arising out of or relating to any loss, damage, or injury sustained in connection with Student's transportation to and from the Classes identified above, unless Student or property is directly harmed or damaged as a result of the gross negligence or willful and wanton misconduct of the District or its representatives.

I understand that the District does not have any involvement, control, or supervision over transportation provided by students, parents/guardians, and other individuals who are not representatives of the District, nor does it make any statements or assurances regarding such transportation.

I hereby further agree to fully defend, indemnify, and hold harmless the District and its current and former board members, officers, directors, employees, volunteers, agents, insurers, and representatives against any and all liability, actions, claims, demands, damages, costs, or expenses, including reasonable attorney's fees, for any and all loss, damage, or injury arising out of me or Student making arrangements for transportation associated with the Class identified above with any parent/guardian, student, or other individual who is not a representative of the District.

I HAVE READ THIS DOCUMENT CAREFULLY. BY SIGNING BELOW, I KNOWINGLY AND VOLUNTARILY ACCEPT THE TERMS AND CONDITIONS STATED ABOVE AND INTEND TO BE LEGALLY BOUND BY THEM.

Signature of Parent/Guardian

Date

Printed Parent/Guardian Name

Signature of Student

Date

Printed Student Name