

This form must be submitted to the coach/supervising teacher 24 Hours PRIOR to the event.

Saddleback Valley Unified School District
TRANSPORTATION EXEMPTION FORM
Transportation Provided

It is hereby requested that my student _____

be exempted from utilizing school transportation to _____ from _____ the following event:

EVENT

REASON

DATE

I, the parent/guardian, will assume full responsibility for my student _____, to be driven home

by _____ to and from the above activity.

By my signature below, I accept responsibility for arranging and providing for the transportation of the named student. I further acknowledge that the District does not provide any type of insurance including liability, collision, comprehensive or medical coverage during the transportation of the named student in connection with the described activity. I agree to hold the Saddleback Valley Unified School District (District), its board, officers, agents and employees harmless from all claims, losses, costs, attorney fees and expenses arising out of any liability or claim of liability for personal injury, bodily injury or death that may occur while transporting the named student.

IT IS FULLY UNDERSTOOD AND AGREED THAT THE DISTRICT IS IN NO WAY RESPONSIBLE NOR DOES THE DISTRICT ASSUME LIABILITY FOR, ANY INJURIES OR LOSSES RESULTING FROM THIS ALTERNATIVE TRANSPORTATION ARRANGEMENT.

By my signature below, I agree to waive all claims against the District and to indemnify and hold the District, its officers, agents, and employees harmless from any and all liability or claims, demands, losses, cause of action, suits or judgments of any kind including death, bodily injury or illness that may occur during any portion of the transportation phase.

- **I understand that students may not drive other students, per BP3541.1**
- **I understand that this form must be submitted 24 hours *PRIOR* to the event**

Parent/Guardian Name

Student's Name

Parent/Guardian Address

Parent/Guardian Signature

Date

Coach/Advisor Signature

Date

Parent/Guardian Signature

Date

Athletic Administrator Signature

Date