

**WALLED LAKE CONSOLIDATED SCHOOL DISTRICT
ATHLETIC PRIVATE TRANSPORTATION AUTHORIZATION**

School _____ Sport _____ Coach _____

Effective only from _____ to _____
Date Date

Our team will be participating in a sport that requires transportation in privately owned vehicles. Students will NOT be allowed to participate unless this form is completed and returned to the team coach by _____.

Check all that apply:

1. I would like to **volunteer as a driver** for this athletic season only. I am aware and informed of my responsibilities as a volunteer driver. I have a valid driver's license, insurance and registration and I will maintain a smoke free environment for our students. I am able to provide _____ seatbelts.

2. I authorize my child, _____, to be transported by a **volunteer driver** as I am not able to provide transportation for this athletic season only.

3. I authorize my child, _____, to drive **his/her self only** for this athletic season only. I verify that my child has a valid driver's license, insurance and registration.

4. I authorize my child, _____, to **drive his/her self and others** for this athletic season only. I verify that my child has a valid driver's license, insurance and registration and will maintain a smoke free environment for other students. My child is able to provide _____ seatbelts.

I release the Walled Lake Consolidated Schools and its Board members, administrators, teachers, employees and agents ("released parties") from any and all claims whatsoever arising from or relating to my participation or my child(s)'s participation in this event ("released claims"). I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

Student Name Printed

Student Signature

Parent/Guardian Name Printed

Guardian Signature

Parent/Guardian Name Printed

Guardian Signature

Address

Day Phone

Coach Signature

Date

Principal Signature

Date