

Eddyville Charter School
Transportation Release Form

Student Name: _____ Activity/Sports Season: _____

Parent Name: _____

(Home) _____ (Work) _____ (Cell) _____

Emergency Contact Person:

(Home) _____ (Work) _____ (Cell) _____

SPORTS: My son/daughter has permission to ride with the adult driver (over the age of 21) specified to all athletic practices and games.

ACTIVITIES : My son/daughter has permission to ride with the adult driver specified to off -campus contests and events associated with their activity.

I give my permission: _____ Date: _____

Parent Signature

Name of Alternative Adult Driver (over the age of 21) and Contact Information:

Alternative Driver #1: _____ Home: _____ Cell: _____

Alternative Driver #2: _____ Home: _____ Cell: _____

Alternative Driver #3: _____ Home: _____ Cell: _____

Alternative Driver #4: _____ Home: _____ Cell: _____

Alternative Driver #5: _____ Home: _____ Cell: _____

In consideration of the participation of my child in the above activity, I waive and release any and all rights and claims for losses and damages that I may have against Eddyville Charter School arising in any way from my child's participation.

- The vehicle owner's insurance is primary in the event of an accident.
- The owner of the vehicle shall maintain liability insurance equal to or exceeding the state minimum requirements for liability insurance.
- The owner of the vehicle is responsible for injury to any passengers because of accident. In the event that my child may require emergency medical treatment while participating in the above activity, I hereby authorize my child to receive all necessary emergency medical treatment as may be necessary, under the existing circumstances. Unless otherwise noted, the closest available ambulance service and hospital will be used.

Parent/Guardian Signature: _____ Date: _____