## BRAINERD PUBLIC SCHOOLS – ISD 181 TRANSPORTATION WAIVER FOR EXTRACURRICULAR/CO-CURRICULAR ACTIVITIES

Name of Parent/Guardian:			(PRINT)
Address of Parent/Guardian:			
Student's Name:			
Student's School:			
Extracurricular/Co-Curricular Activit	ty:		
Coach/Advisor/Teacher:			
Date(s) of Event/Season:			
Location(s):			
I am the parent or legal guardian of participates in an extracurricular/co-Brainerd ("District"). I understand activities is completely volu extracurricular/co-curricular games, generally required to ride to and fr District is providing flexibility from District-sponsored transportation as a first a student's parent or guardian has (or) Student Activities Office at least As we understand, if school transportide together on the provided transportation's request.	that participation is activities or component the games and om this requirement a result of an ongoin signed this form an one day before the portation is available	onsored by Independent school sponsored who participate etitions as part of competitions in D to the due to challenging bus driver shortaged has submitted it game or competition and the coach is re-	ndent School District No. 181, d extracurricular/co-curricular e in school sponsored a team or school group are district vehicles. However, the es associated with providing ge. An exception will be made to the Coach/Director/Advisor n.
Assumption of Risk. I recognize an event or activity in a private vehic serious physical injury or death, and decrease these risks or supervise the for my child to travel with an addindependently in a private vehicle to the inherent risks and dangers invol follows (initial and complete only on	the involves inherend the risk of propert transportation of my ult in a private velocated from extracurral lyed, I hereby voluring	t risks, including, ly loss. I also under child if I transport hicle, or give permicular/co-curricular	but not limited to, the risk of erstand that the District cannot my child, give my permission nission for my child to drive events or activities. Knowing
			e extracurricular/co-curricular ted to, practices, games, and
(OR)			

extracurricular/co-curricular event or activit practices, games, speaking engagements at transportation of any other students outside	rive independently in a private vehicle to and from the ty that is identified above, including, but not limited to, and competitions. This permission does not allow for of their siblings. By giving this permission, I represent the search has demonstrated the ability to safely and
(OR)	
holds a valid driver's license, to tra	ansport my child in a private vehicle to the vity identified above, including, but not limited to,
activities and competitions in a private vehicle, a involved in being transported in a private vehicle, its current and former board members, officers, dire from any and all liability, actions, claims, and de property loss arising out of or relating to my requehicle to games, activities and competitions for identified above. I understand that this means I can or being transported in a private vehicle to the exabove, including, but not limited to, practices, game. In addition, I hereby agree to hold the District a agents, and representatives harmless from any and	nd its board members, officers, directors, employees, all claims, demands, or liabilities for sickness, illness, relating to my child's transportation in a private vehicle
I HAVE READ THIS DOCUMENT CAREFULI BINDING.	LY AND UNDERSTAND IT IS LEGALLY
Signature of Parent/Legal Guardian:	Date:
Signature of Coach or Advisor:	Date:
Request Approved Request Denied	Reason Denied:
Director of Student Activities/Designee:	
Date:	