Alternate Transportation Arrangement from School Sponsored Activity

I ___________________________, give permission for my son/daughter, ____________________________,
(parent/guardian) (Student)
To be transported by private vehicle on ____________________________ for the purpose of
(date)
(location and purpose of activity).

I realize the liability for the transportation will be the responsibility of the individual providing the private
transportation and agree to hold Kimberly High School and the District harmless in the event of an accident or
injury involving the transportation of my child.

(Parent/Guardian signature) (Date)

(Student Passenger) (Date)

Person providing private transportation or student transporting self only:

Self Only _______ Students ________________________________

______________________________

______________________________

______________________________

______________________________

I realize that in so doing I will be liable for any accident or injury that may occur to myself and /or passengers. I
verify that my vehicle is in sound mechanical condition, with adequate seating capacity, seatbelt restraints, and
current insurance coverage (a copy of current insurance verification showing policy limits must be attached.)

(Driver’s Signature) (Date)

(Parent/Guardian signature if student driving self) (Date)