Alternate Transportation Arrangement from School Sponsored Activity

Ι	, give permissi	on for my son/dau	ghter,,	
(parent/guardian)			(Student)	
To be transported by p			for the purpose of	
	(dat)		
(location and purpose of activi	ty).			
I realize the liability fo	r the transportation will b	the responsibility	of the individual providing the private	
transportation and ag	ree to hold Kimberly High	chool and the Dist	rict harmless in the event of an accident or	
-	ansportation of my child.			
	· ·			
(Parent/Guardian signature)			(Date)	
(Furch			(Duc)	
(Student Passenger)			(Date)	
Pe	erson providing private tra	sportation or stud	lent transporting self only:	
Self Only	Students			
	en tooill he lieble fear easter			

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)