WALLED LAKE CONSOLIDATED SCHOOL DISTRICT

FIELD TRIP PRIVATE TRANSPORTATION AUTHORIZATION

Our school, _____, is planning a trip to _____
School Name Destination, City, State

on _____ from _____ to _____ that requires transportation in privately
Date Time Time

owned vehicles. Please return this completed form to the school supervisor by _____.
Date

Students will NOT be allowed to participate in this field trip without written guardian consent.

Check all that apply:

_____ 1. I would like to **volunteer as a driver** for this event. 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 an **authorized volunteer driver** as I am not able to provide transportation for this event.

_____3. I authorize my child, _____, to drive **his/her self only** to this event. 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** to this event. 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.

_____5. I do not want my child, _____, to participate in this event. Please plan an alternate learning experience for my child on the day of the trip.

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)	Supervisor/Principal Name
_____	_____
Guardian Name (Printed)	Guardian Signature
_____	_____
Address	Daytime Phone

07/07