

# ALTERNATIVE/INDEPENDENT TRANSPORTATION PERMISSION SLIP, WAIVER OF LIABILITY



ACADEMIC YEAR 2021-2022

*Applicable for all school activities throughout the entire academic year.*

Student Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Where school transportation is not provided, where school transportation is provided but not utilized, or where school transportation is provided only one-way (i.e. only to or from the event), I understand that I am responsible for arranging the transportation for my children to or from such activities to the same extent that I am responsible for arranging their transportation to and from school. I accept full responsibility, and release Fairmont Schools from any liability, for any claim or injury resulting from my child's use of any transportation other than school-provided transportation.

I understand insurance coverage is not provided by Fairmont Schools for student or parental transportation to and from any school event. All such transportation is outside of school supervision or care or operations and is wholly the drivers and parents responsibility.

## WAIVER

In consideration of being able to participate in this program, I myself and on behalf of my heirs, personal representative or assigns, and any other person or entity having rights with respect to the Participant, do hereby covenant not to sue and forever generally release, waive, and discharge, Fairmont Schools, its' officers, employees, agents divisions, affiliates, attorneys, successors, assigns and insurers (collectively "Released Parties") from any and all liability, claims, demands, actions, causes of action, known or unknown, suspected or unsuspected, including but not limited to the Negligence of Fairmont Schools, or any of the other Released Parties resulting in personal injury, accident, illnesses and/or death and/or property loss, occurring during and/or arising from, or in connection with, but not limited to participation in The Activity.

## ASSUMPTION OF RISKS

We/ I understand that participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises and strains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

We have read the previous paragraphs and we know, understand and appreciate these and other risks that are inherent in The Activity. We hereby assert that \_\_\_\_\_ participation is voluntary and that we knowingly assume all such risks.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE SEE BACK PAGE FOR REQUIRED SIGNATURES

Please sign under each statement in order to indicate your consent to that particular alternative/independent transportation.

1. My child has permission to ride to or from activities, practices or games with any adult relative of such (aunt, uncle, grandparents, brother, sister, cousin, etc.) who is 18 years old and has a valid California Driver's License allowing transportation of others.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. My child has permission to ride to or from activities, practices or game with a parent/guardian of an adult relative (aunt, uncle, grandparent, etc.) of another Fairmont Schools student.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. My child has permission to drive him/herself solely to or from activities, practices or games and I verify that he possesses a current, valid California Driver's License. He/She may not transport or be transported by other Fairmont Schools students

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. My child has permission to use a third party car service to or from school, and my child and the undersigned will be solely responsible for selecting/engaging such service and for any and all costs and fees.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_