

Shasta Union High School District

(To be used with minors)

TRANSPORTATION TO OFF-CAMPUS CLASSES OR ACTIVITIES

SHS EHS FHS PHS NSIHS Other: _____

This is to certify that my son/daughter has my permission to **Transport Self Only**.

Student Name _____ Student I.D. _____

Class _____

Class/Activity Location _____

Period(s) of Class _____ Class Telephone # _____

Other _____

YOUR SON/DAUGHTER'S SCHOOL ADMINISTRATORS MAY REVOKE THIS PRIVILEGE AT ANY TIME.

Assumption of Risk and Indemnification

I understand that the student must assume the responsibility of meeting all regulations of the Ed Code and California Vehicle Code. I assume full responsibility for the safety and well being of my son/daughter to or from this class/activity location. I further acknowledge that I knowingly and voluntarily assume all risks of bodily injury to my son/daughter, _____, and expressly acknowledge my intention by executing this instrument to exempt and release Shasta Union High School District, its officers, agents and employees from any liability for personal injury, bodily injury, wrongful death, or property damage that may arise out of or are in any way connected to student's transportation to and from above class/activity location. I also agree to hereby defend, indemnify and hold harmless the District, its officers, agents and employees from every claim or demand made, and every liability, loss, damage or expense of any nature whatsoever, which may be incurred by reason of the transportation to and from the above class/activity location. This includes death whether the student is at fault or another driver.

I HAVE READ THE ABOVE LANGUAGE, AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Driver's License # _____

Parent/Guardian Signature _____

Vehicle Make _____

Student Signature _____

Vehicle License # _____

Career Tech. Signature _____

Principal Signature _____

Date Approved _____

Vehicles Registered Owner _____

Address _____

Phone # _____

Insurance Carrier _____

Insurance Policy # _____

Insurance Expiration Date _____

Original copy on file in home high school Career Center

Copy: Class Instructor, Main Office, Student