

THIS FORM MUST BE FILLED OUT AND SIGNED AND GIVEN TO THE COACH PRIOR TO DRIVING YOUR CHILD TO OR FROM AN EVENT

LAS VIRGENES UNIFIED SCHOOL DISTRICT

Agoura High School

Calabasas High School

TRANSPORTATION WAIVER / ALTERNATE TRANSPORTATION FORM

(Parent/Guardian/Coaches & Teachers)

I am the parent/legal guardian of _____ Sport: _____
 (Student Name, Please Print Clearly) Sport & Level V, JV or FS
 and would like my child to be transported to or from the activities listed below in the following manner:

- I would like permission to drive my own child, in my own car, to and/or from the events listed below.
I understand that children other than my own may not be transported in my vehicle, neither to nor from this activity.
- I give permission for a coach/teacher to drive my student in their personal vehicle and/or district vehicle to and/or from the events listed below. *****Employee/Volunteer Personal Vehicle Form (Proof of Insurance) is to be on file in the Athletic Office for coach/teacher driving said minor.*****
- I give permission for another parent to drive my child/children in their personal vehicle to and/or from the events listed below. *****Employee/Volunteer Personal Vehicle Form (Proof of Insurance) is to be on file in the Athletic Office for coach/teacher driving said minor.*****

DATE OF EVENTS:	LOCATION:	NAME OF ADULT AUTHORIZED TO DRIVE MY CHILD:	PROOF OF INS.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I, the undersigned, understand that my child may be at greater risk of injury or death by being transported in a private automobile instead of a school bus and assume such risk on behalf of my child. I/we agree not to hold Las Virgenes Unified School District and/or the high school, or any of its agents or employees liable for any sum which I/we might claim as a result of injury, or property damage arising out of, or caused by any accident or occurrence during the time said student is being transported by me, or driving himself/herself, or driving with another adult to or from said practice, game or event in conjunction with the activities listed above. I further understand and accept that neither the school nor school district can be responsible for my child missing information provided during the trip to the event or returning. Neither my child, I, nor children I am driving, are guaranteed admittance to the event should we not be able to meet at the appropriate place or time upon arrival at the destination.

NOTE: If you drive your personal automobile as a district volunteer while on district business and you are involved in an accident, by law your liability insurance policy is used first. The district liability policy would be used only after your policy limits have been exceeded. The district does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

Students are required to notify the Coach or Advisor that they will be providing their own transportation at least 24 hours in advance of the activity. If the Coach or Administrator decides that self-transportation for this particular event is inappropriate, the student and parent agree that the student will use the transportation provided by the district. A student granted permission to utilize transportation other than district transportation MUST personally notify the Coach or Advisor (along with the person (s) providing the transportation) prior to being dismissed from an event. No student is permitted to leave an event without first checking with the Coach or Advisor.

It is understood and agreed that this permission to provide our own transportation is granted by the School Principal, Assistant Principal, Athletic Director and/or Advisor of the activity and can be revoked at any time at their discretion.

PARENT/GUARDIAN SIGNATURE: _____ Dated: _____
 APPROVED BY COACH: _____ Dated: _____
 APPROVED BY ADMINISTRATOR _____ Dated: _____

*****THIS SIGNED WAIVER MUST BE IN THE POSSESSION OF THE SUPERVISING FACULTY MEMBER PRIOR TO THE STUDENT'S RELEASE TO ANY ABOVE MENTIONED PARENT/GUARDIAN*****

OVER

*****FOR USE WHEN A PARENT WILL BE DRIVING STUDENTS TO AND FROM LVUSD SCHOOL RELATED EVENTS*****

THIS FORM MUST BE FILLED OUT AND SIGNED BY YOU AUTHORIZING ANOTHER PARENT TO DRIVE YOUR CHILD WITH PROPER DOCUMENTATION

EMPLOYEE/VOLUNTEER PERSONAL VEHICLE USE FORM
Las Virgenes Unified School District

Please attach photocopy of your:
 Drivers License
 Proof of Current Insurance

PLEASE SUBMIT TO
ATHLETIC DEPARTMENT

Name: _____ Birth Date: _____

Driver's License: _____ Exp. Date: _____

Year/Make of Auto: _____

Vehicle License No.: _____

Insurance Carrier/Agent: _____ Phone: _____

Liability Limits: _____ Policy #: _____

Expiration Date: _____

Driving Restrictions: _____

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

NOTE: If you drive your personal automobile while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage on your vehicle.

I have read the above and approve the use of this vehicle for the purpose stated:

Owner of Vehicle Signature

Date

Business Office Approval

Date

*****A PARENT TRANSPORTATION AUTHORIZATION FORM MUST BE ATTACHED AND ON FILE FOR EACH STUDENT RIDING WITH ANOTHER PARENT*****