

Student Services and Activities

Date: _____

509-465-7400 Fax: 509-465-7420 www.mead354.org

Extracurricular/Field Trip Private Transportation Request Form

I, the undersigned parent/guardian ofand agree to the following:		(Print Student Name), understand
1. The Mead School District ("District") provi (a) an extracurricular event or field trip occ during school hours; or (b) the teacher/coach/advisor has made spe On all other occasions, parents/guardial child/children, and the District has no resp appropriate driver with respect to such priva	eurs on a regular school day and ecial arrangements for District-prons are solely responsible for ponsibility for supervision, contro	the departure time for the event is vided transportation. providing transportation for their
2. When transportation is provided by the destination or an extracurricular event is pro		vate vehicle to or from a field trip
 a. The parent/guardian meets in person with and submits this Request Form, and obtain for any reason (e.g., student safety, team/pr 	ns written approval as indicated I	pelow. The request may be denied
b. The student is traveling by private trans another non-student adult identified by the s		his/her own parent/guardian or by
Upon grant of this request, the District an the acts, omissions, or conduct of the vehic parties.		
4. Upon grant of this request, I and my st transported in a vehicle operated by me or I safe in condition and equipment.		
5. I or the driver of the private vehicle sha District for any purpose.	all not be, and shall not be cons	sidered, an agent or servant of the
6. I agree to accept full responsibility for n release the District and its employees from associated with such private-vehicle transp (including by third parties) arising from acci and I further agree to defend, indemnify, an any claim relating to or arising from the private	any and all claims and respons portation, to include without limital idents, bodily injury, property dar- id hold the District and its employ	ibilities for any risks or occurrences ition claims by any person or entity nage, or any other casualty or loss, ees harmless from, for, and against
Date(s) of Trip(s):	Activity:	
Specify if:		

Identity of Designated Driver if Not Parent/Guardian Signing Below:

Parent/Guardian Signature: