True Cross Athletic Trip Boarding Pass

Sport for Private Vehicular Transportation:

*This form must be filled out in its entirity if the student will be transported off campus to an event by anyone other than one of their parents and turned in before leaving campus.*

Name of Child(ren) to be Transported:

Private Vehicle Driven by:

Destination:

I/We, the parent(s) of (name of child)

request that he/she be allowed to ride in a car driven by a volunteer parent and we give permission for this to occur on (date). I understand that our school does not have insurance to cover volunteers who choose to transport students, and I further understand that the parent drivers’ insurances will be the primary insurance in case an accident occurs. I/We release and save harmless the school and any and all of its employees from any and all harm arising to my/our son/daughter as a result of this trip, and waive any claims against them. Additionally, I understand my child(ren) must wear a safety/seat belt regardless of age when they are seated in a vehicle. By providing the information and signing below, I agree to allow my child(ren)to be transported by the volunteer and I agree with these conditions.

Parent Signature: Date:

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