



Hillsboro School District Form

Transportation Release Form

School-Sponsored Activity (Student Driver)

School _____ Activity/Sports Season _____

Name _____ Grade _____ Teacher _____

Address _____

Parent Names _____

Parent Contact Numbers:

(Home) _____ (Work) _____ (Cell) _____

Check the section which applies.

SPORTS:

My son/daughter has permission to drive to all athletic practices and games.

ACTIVITIES:

My son/daughter has permission to drive to off campus contests and events associated with their activity or class.

Yes, I give my permission. _____
Parent or Guardian Initials

In consideration of the participation of my child in the above activity, I waive and release any and all rights and claims for losses and damages that I may have against Hillsboro School District 1J arising in any way from my child's participation except for the sole negligence of the Hillsboro School District 1J.

- The vehicle owner's insurance is primary in the event of an accident.
- The owner of the vehicle shall maintain liability insurance equal to or exceeding the state minimum requirements for liability insurance.
- The owner of the vehicle is responsible for injury to any passengers because of accident.

In the event that my child may require emergency medical treatment while participating in the above activity, I hereby authorize my child to receive all emergency medical treatment as may be necessary, under the existing circumstances. Unless otherwise noted, the closest available ambulance service and hospital will be used.

Please note: This permission form does not allow for the transporting of other students.

Parent/Guardian Signature: _____ Date: _____

School

Parent/Guardian