

**CLOVIS UNIFIED SCHOOL DISTRICT**  
**PERMIT TO RELEASE A STUDENT FOR PARTICIPATION IN, AND**  
**TRANSPORTATION TO AND/OR FROM SCHOOL ACTIVITY**  
**IN PRIVATE VEHICLE**

I, \_\_\_\_\_, am the parent/legal guardian  
of \_\_\_\_\_.

I hereby permit the above-named student to participate in the following event  
and be transported by private automobile **to** and/or **from** (Circle one or both )

\_\_\_\_\_ on \_\_\_\_\_  
(Place of Event) (Date)

by \_\_\_\_\_  
(Name of person transporting student)

**Event:** \_\_\_\_\_

**Teacher, Coach or Leader:** \_\_\_\_\_

**Health needs (initial as appropriate):**

\_\_\_\_\_ My student has no special health/medical needs.  
\_\_\_\_\_ My student has \_\_\_\_\_ health needs  
and will have \_\_\_\_\_ medication on  
the trip which shall be deposited with \_\_\_\_\_  
\_\_\_\_\_ who is in charge of the trips.

By signing this permit, I agree not to hold the school liable for any personal  
injury, property damage, or other injury my student sustains while being  
transported to and/or from the above-stated event.

I understand that it is my responsibility to investigate both the competence and  
skill of the above-named individual to transport my child and the quality with  
which that individual maintains his or her vehicle.

**I UNDERSTAND THAT BY SIGNING THIS CONTRACT, I AM WAIVING  
RIGHTS WHICH I MAY OTHERWISE HAVE.**

I am mentally competent, and sign this contract freely and without having been  
subjected to any coercion or duress.

Date: \_\_\_\_\_ at \_\_\_\_\_, California

\_\_\_\_\_  
(Parent/Legal Guardian's Signature)

\_\_\_\_\_  
(Telephone Number)

**CLOVIS UNIFIED SCHOOL DISTRICT**  
**AGREEMENT TO TRANSPORT**  
Completed by the adult transporting the student(s)

I, \_\_\_\_\_ agree to transport \_\_\_\_\_  
(Name of student or students)

to and from the \_\_\_\_\_ on \_\_\_\_\_  
(Place of event) (Date)

By signing this contract, I agree to indemnify (pay to) the school any amount for which the school district and its agents may be liable due to personal injury, property damage, or other injury sustained by the above-named student due to being transported by me on the date stated above.

I understand that I am being entrusted with the care of the above-named student and that I am exposing myself to liability by assuming his/her responsibility.

**I UNDERSTAND THAT BY SIGNING THIS CONTRACT, I AM ASSUMING OBLIGATIONS WHICH I MAY NOT OTHERWISE HAVE.**

I am mentally competent, and sign this contract freely and without having been subjected to any coercion or duress.

Date: \_\_\_\_\_ at \_\_\_\_\_, California

Signature \_\_\_\_\_

- California Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Vehicle Year: \_\_\_\_\_ Make/Model \_\_\_\_\_
- Insurance policy number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Insurance Agent or Company: \_\_\_\_\_
- Insurance Policy Limits: \_\_\_\_\_