LAWRENCE COUNTY STUDENT ATHLETE TRANSPORTATION REQUEST/WAIVER AND FULL AND COMPLETE RELEASE OF LIABILITY

I/we,	and	, a	s the parent(s) or legal	
(Print parent/guardian name(s) clearly)				
guardian of	int student's name clearly)	who is a student of the Law	rence County School System	
Participating in, do hereby request and acknowledge that my/our child be				
(sport/activity & level: V, JV, JH)				
transported to and/or from the below listed practice, event, activity, games or matches, etc. in the following				
selected manner:				
I request permission to drive my own child, in my own vehicle, to and/or from any practice activity, games, match, etc. I hereby acknowledge that I must provide and do provide herewith proof that I have a valid driver's license and further that I must and do provide herewith proof that the vehicle in which I intend to transport the aforementioned child to and/or from said activity is currently covered by insurance; and/or				
I/we hereby grant permission for a coach/teacher to drive my child in their personal vehicle to and/or from any practice, event, activity, game, match, etc.; and/or				
I/we hereby grant permission for my child to ride to and/or from any practice, event, activity, game, match, etc. with the parent of a teammate in his or her own personal vehicle; and/or				
I/we hereby grant permission for my child to use his/her own personal vehicle or a vehicle which I/we provide, to drive to and/or from any practice, event, activity, game, match, etc. and I further hereby acknowledge that I/we must provide and have herewith provided the Lawrence County Board of Education with proof that my child has a valid Alabama driver's license and that the vehicle that he/she will be driving is covered by current and valid insurance and have provided proof of said insurance to the Lawrence County Board of Education. I further understand and acknowledge that it is my full and complete responsibility to insure that my child has the ability and competency to drive and operate the vehicle that he/she will drive on this trip and further that I have personally inspected or had inspected the vehicle which my child will drive to insure that it is in proper working order and function. I further understand and acknowledge that my child may not transport another student unless I or that student's parent or guardian is present in the vehicle.				
Date of Event	Location of Event	Name of Adult Authorized to Drive my Child	Proof of License and Insurance Provided	

I/we, the undersigned parent or guardian, hereby acknowledge and understand that my child may be at greater risk of being involved in an automobile accident and thus may be at greater risk of suffering injury or death while being transported to and/or from an activity, game or match in a private automobile rather than on a bus. With knowledge and understanding I assume any such risk on behalf of myself and my child. I/we do hereby fully and completely release and agree to hold harmless the Schools of and the Lawrence County Board of Education, their employees and agents from any and all liability or responsibility that I/we might claim for any injuries or damages relating to either person or property arising from or associated with either my child driving him/her self, riding with me, or riding with another parent, teacher or coach to and/or from any practice, event, activity, game or match permitted herein.

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I understand that failure to use school provided transportation or use of private transportation to the event may result in a lack of insurance coverage for the participant by the school system.

I agree to indemnify and hold harmless the Lawrence County School System, its Board and Superintendent, and any employees or volunteers from any liability, claims, demands, actions and causes of action arising out of or relating to any loss, damage, or injury sustained in connection with me or my child's participation in this activity.

NOTE: If you drive your own personal automobile as a volunteer to transport your own or another student to and/or from a practice, event, game or activity and you are involved in an automobile accident; your personal liability insurance will be used before any applicable insurance coverage of the School or Board of Education. The School or Board of Education insurance would only be used once your own personal insurance is exhausted. Neither the School, Board of Education, its officers, agents or employees are responsible for and do not provide any comprehensive or collision coverage for your personal vehicle.

NOTE: It is acknowledged, understood and agreed, that the permission requested herein is granted by the Superintendent or designee and accompanied by field trip request form for the activity described herein and that said permission may be revoked at any time in their discretion.

SIGNATURE OF STUDENT:	DATE
SIGNATURE PARENT/GUARDIAN:	DATE
SIGNATURE OF COACH/ADVISOR:	DATE
SIGNATURE OF ADMINISTRATOR:	DATE
SIGNATURE OF SUPERINTENDENT:	DATE