

School Transportation Activity Waiver Form

Student Information

Student Name

Grade

Date of Birth

School Name

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Activity Details

Activity/Event Name

Date of Activity/Event

Destination

Waiver and Release

I, the undersigned parent/guardian, authorize my child to participate in the above-named school transportation activity. I understand and acknowledge the risks involved and hereby waive and release the school, its employees, and agents from any liability arising from my child's participation.

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Parent/Guardian Signature

Date