

MARYSVILLE PUBLIC SCHOOLS

DRIVER RELEASE FORM
NON-BUS TRANSPORTATION

Riding with Another Parent or Guardian

In order for a parent or guardian to transport a child, other than their own, he/she must submit a volunteer form to the school office or athletic department (as applicable) one week prior to the event and complete the required documentation below.

The Board of Education authorizes the transportation of a students of the District in a private vehicle for field trips, post event, meet, games or conference and in situations where budget or schedule restrictions make it prohibitive or impractical to use school buses.

Parents or Guardians transporting students **must certify with their signature below** that they are legally licensed to drive in the State of Michigan; hold and will continuously maintain all vehicle insurances required by law for the operation of any vehicle used to transport Marysville Public Schools student(s) relative to school events.

Furthermore, by signing below, you are stating that you will only transport as many students as there are seat belts in the vehicle; you agree that Marysville Public School District will not be held liable for the repair of your vehicle(s) resulting from any accident or theft that may be incurred relative to any school event; and agree to obey all relevant Michigan Laws, and maintain safe transportation for all student(s) you transport. In the event there is a lapse in insurance coverage, the validity of your driver's license or your ability to legally drive; you agree that you will not transport children to or from school events or contests.

Note: At no time will students be permitted to drive themselves or ride with another student driver to or from school events.

Parents/Guardians: The completion of the information below permits the students to be transported by the individual designated as "Driver".

The "Driver" is acknowledging, they understand and will adhere to the aforementioned guidelines.

My child, _____, has permission to ride with the following Driver (listed below)

To / From (circle one) _____ on _____.

Field Trip/Event/Contest Location _____ Date _____

OR

Full Season (circle one) FALL / WINTER / SPRING (ATHLETICS ONLY)

Parent/Guardians Printed Name	Parent/Guardians Signature	Date
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Driver's Printed Name	Driver's Signature / Date	Driver's License #
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Driver's Printed Name	Driver's Signature / Date	Driver's License #
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Driver's Printed Name	Driver's Signature / Date	Driver's License #
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Driver's Printed Name	Driver's Signature / Date	Driver's License #
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THIS FORM MUST STAY WITH THE TEACHER/COACH