

## **Transportation Waiver of Liability**

To Transport a Student to and/or from a Co-Curricular Event by Non-District Transportation other than a Parent or Guardian

I	hereby request the Acton-Agua Dulce School District to allow
(print parent/guardian name)	
my child	to be released from school provided transportation
	from the following event(s) and date(s). opriate choice)
	(please list event and date)
My child will be transported by	in a private vehicle.
	(name of driver)
<ul> <li>Responsibility to verify the driver m</li> <li>Be at least 21 years of age</li> <li>Possess a valid California D</li> <li>Carry a minimum of person</li> </ul>	
I understand the Acton-Agua Dulce as the result of my child being trans	e Unified School District is not liable for any event that may occur sported by a private vehicle.
I understand the policy of the schothan the person named above.	ool will not allow my child to be transported by any person other
School office a minimum of 4 hours the student will be required to be	is form in person or have it delivered by the student to the High sprior to the bus departure time for the above-mentioned event or transported by school-provided transportation. If the form is must verify is authenticity by telephone.
Parent/Guardian Signature	Date
Administrative Signature	Date