Transportation Waiver

Student Name: _____ Age: _____ Grade: _____

Parent/Guardian: _____

- This form is to be used when a student uses transportation to transport him/herself to IGNITE Pathways campus and related activities in his/her own vehicle.
- This form must be signed by the parent(s) or guardian(s). If the student is 18 or older, then the form must also be signed by the student. Please check ALL that apply.

☐ I give my permission for my student to transport him/herself to and from IGNITE Pathways campus and any learning labs, job site visits, field trips, work experiences, and/or business meetings.

☐ I give permission for my student to ride with a classmate to be transported to and from IGNITE Pathways campus and any learning labs, job site visits, field trips, work experiences, and business and/or meetings.

The undersigned understands that the student may be at greater risk of injury if being transported in a private vehicle and such risk is assumed by the undersigned. I/we agree that IGNITE Pathways and the Woodbine Community School District and/or the high school, or any of its employees, agents, administrators, or volunteers (the "Released Parties") is/are not liable for any sum which I/we might claim as a result of any injury, or property damage arising out of, or cause by any accident or occurrence during the time said student is being transported by a non-district vehicle to or from any class, site visit, lab experience. I/we agree to indemnify and hold the Released Parties harmless on account of any injury or damage which occurs during or as a result of the transportation of the student when the student is transported to and from student activities in non-district vehicles.

Permission to use alternative transportation is granted by the school district and may be revoked at any time. It is understood that this is a Waiver of Liability and affects important legal rights.

I/We have read and understand the information in this Transportation Waiver and understand what is expected and required of the student. We will not hold IGNITE Pathways or the Woodbine Community School District liable for any accidents or injuries that may occur.

Signature (Parent/Guardian)	Date	Phone Number
Student Signature	Date	Phone Number

APPROVED by:

IGNITE Pathways Director Signature	Date
WCSD Administrator	Date

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