



CAPISTRANO UNIFIED SCHOOL DISTRICT
TRANSPORTATION AUTHORIZATION AND WAIVER FORM

Name of Student: _____ Sport/Activity Wrestling

Location(s) of Activity: Off Campus Duals and Tournaments

Date(s) of Activity: Nov 14-Mar 15, 2022-23

By my signature below, I acknowledge that the Capistrano Unified School District is not providing transportation for the above described activity and that parent volunteers will arrange and provide for the transportation of the above named student. As parent/guardian, I hereby authorize and give permission for my child/ward to ride as a passenger in a vehicle driven by a parent volunteer. I further acknowledge that the District does not provide any type of insurance including liability, collision, comprehensive or medical coverage during the transportation of the named student in connection with the described activity.

I agree to hold the Capistrano Unified School District (District), its Board, officers, agents and employees harmless from all claims, losses, costs, attorney fees and expenses arising out of any liability or claim of liability for personal injury, bodily injury or death that may occur while transporting the named student.

IT IS FULLY UNDERSTOOD AND AGREED THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY FOR, ANY INJURIES OR LOSSES RESULTING FROM THIS ALTERNATIVE TRANSPORTATION ARRANGEMENT, EXCEPT FOR LIABILITY, INJURIES OR LOSSES THAT RESULT FROM THE DISTRICT'S NEGLIGENCE ACTS OR OMISSIONS.

By my signature below, I agree to waive all claims against the District and to indemnify and hold the District, its officers, agents and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind including death, bodily injury or illness that may occur during any portion of the transportation phase.

Parent/Guardian Signature Date

Parent/Guardian Name (Please Print) Phone Number (include area code)

Street Address City State Zip Code



CAPISTRANO UNIFIED SCHOOL DISTRICT
San Juan Capistrano, California

PARENT/GUARDIAN PERMISSION FORM
Student-Arranged Self-Transport to an Off-campus Activity

Under my guidance, I hereby give permission for my child, _____, to arrange his/her own transportation to/from the activity/sport as listed below, or to voluntarily drive his/her own vehicle. I understand that when my child arranges his/her own transportation or voluntarily drives to/from any activity or event, Capistrano Unified School District is not liable for any injuries or harm which may occur during the time he/she is being transported or voluntarily driving to or from the activity (Education Code Section 44808). I understand that California law requires vehicles to be insured and that all drivers carry a valid driver's license. I agree that my child will not be allowed to transport other students to/from any school function.

Name of Activity/Sport Wrestling

Date(s) and/or Season of Activity/Sport Winter Sports Season (Nov14-Mar15)

This permit will expire at the conclusion of the above dates and will be revoked if the student is found transporting other students.

By my signature below, I agree to waive all claims against the District and to indemnify and hold the District, its officers, agents and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind including death, bodily injury or illness, or property damage that may occur during while my child drives his/her own vehicle.

Parent/guardian signature

Date

Print Parent/guardian Name