

**BEAL CITY HIGH SCHOOL
PARENT/GUARDIAN DRIVER APPROVAL FORM**

Name of Student (Please Print)

Name of Parent/Guardian (Please Print)

I, undersigned parent or guardians of the above-named student, intend to drive my own student to and /or from the school-sponsored event(s) listed below.

Date of Event

Event/s and Destination:

I acknowledge that it is the Policy of Beal City Public Schools (hereinafter referred to as “the District”) to provide my student with transportation to this/these event(s). By affirmatively electing to instead drive my student, I acknowledge that I am doing so by my own free and voluntary choice, that no employee or agent of the District requested that I drive my student to this/these event/s; and that District-provided transportation would otherwise be provided for my student. I therefore acknowledge that in driving my student, I shall not be acting as an employee or agent of the District, nor shall any insurer of the District have any responsibility nor liability to me, or to my student, or to a third person, who may incur personal injury or property damage by virtue of my actions or inactions in driving my student to this/these event/s. I further agree to defend, indemnify, and hold the District harmless for any claims of responsibility asserted against the District based on my said actions or inactions in driving my student to this/these event/s. I also understand and agree that in the course of driving my own student of this/these event/s, I will not transport any other student participating in the event.

X _____
Signature of Parent/Guardian

Date signed

X _____
Administrators Signature

Date signed