

**Driving / Riding to Practice
Parent Permission and Release of Liability
Updated 8/8/19**

Driver's Name (printed): _____

_____ My son/daughter **DOES** have permission to drive to activity practice.

* * * * *

If checked above, please check one of the following:

_____ My son/daughter **DOES NOT** have permission to drive any additional students to activity practice other than his/her siblings.

_____ My son/daughter **DOES** have permission to drive the following additional students who are not his/her siblings:

<u>Passenger Student Name (printed):</u>	<u>Passenger's Parent Signature:</u>	<u>Passenger's Parent Name (printed)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

By signing this permission/release form, I agree to absolve the MACCRAY School District 2180 and their employees from any liability associated with driving to and from practices.

The MACCRAY school district also reserves the right to take away or not grant driving privileges according to these stipulations:

1. If the permission/release form is not signed.
2. If the driver gives a ride to someone other than those listed on this form.
3. If they do not arrive to practice on time.
4. If the school receives confirmed reports of erratic driving, speeding, etc.

Driver Parent Signature _____ Date _____

Driver Parent Name (printed) _____

Driver Student Signature _____ Date _____