WAIVER OF LIABILITY FORM for Lex-La-Ray and Summit students, A+ or Cadet teaching students

Please complete in full and return to the Odessa R-VII School District.

Completion and return of waiver is required before permission from the District for self-transportation to and from the off-site educational program will be granted.

Off-Site Location:			
Date of Enrollment:			
Student Name:	(Last)	(First)	(Middle Initial)
Parents: Please read Below:		aiver of Liability Form and	,
location. I understand injury, death, as well educational location. travel, such as accider	for himself/her that such travel as damage to I further unders ats with other dr	rself to and from the off-site estand that there are inherent rriers, existing dangerous conditiond other situations not present	educational program's re the risk of personal and from the off-site isks in motor vehicle tions in the roadways

I am representing through the signing of this waiver that I have advised the District of any special needs of my child, which may subject the student to certain District restrictions on the student's travel and/or complete denial of District permission from participating in such transportation.

I hereby assume all risks and dangers and will hold harmless Odessa R-VII School District, their officers, agents, and employees and all groups and persons connected herewith, from all actions, causes of action, suits and any claims, demands and liabilities whatsoever, both in law an equity, and/or any of their respective officers, agents, employees, in connection with providing transportation or allowing my child to provide his/her own transportation to and from any off-site educational location, except in cases of gross negligence on the part of the District.

The terms hereof shall be binding on my executors, heirs, administrators, and assignees, and shall serve as a general release for the student while transporting himself/herself to and from the off-site educational location.

Students Must Read this Waiver Before Signing:

I, the undersigned, desire to provide transportation to myself to and from an off-site educational location. I understand that such travel may be hazardous and involve the risk of personal injury, death, as well as damage to property, when traveling to and from the off-site educational location. I further understand that there are inherent risks in motor vehicle travel, such as accidents with other drivers, existing dangerous conditions in the roadways and thoroughfare, forces of nature, and other situations not presently cognizable by the District.

I hereby assume all risks and dangers and will hold harmless Odessa R-VII School District their officers, agents, and employees and all groups and persons connected herewith, from all actions, causes of actions, suits and any claims, demands, and liabilities whatsoever, both in law and equity, and/or any of their respective officers agents, employees, in connect with providing transportation for myself to and from any off-site educational location, except in cases of gross negligence on the part of the District

The terms hereof shall be binding on my executors, heirs, administrators, and assignees, and shall serve as a general release for me while transporting myself to and from the off-site educational location.

SIGN FOR ASSUMPTION OF RISK, GENERAL RELEASE, AND WAIVER OF CLAIMS:

Student's Signature:		
	Date:	
Parent's/Legal Custodian's Signature:		
	Date:	
Medical Insurance Company:	Policy No	
Insurance Company Telephone No.:	Group No	