



CHANDLER UNIFIED SCHOOL DISTRICT

HIGH SCHOOL ATHLETICS

HIGH SCHOOL ATHLETIC TEAM OFF-SITE PRACTICE

STUDENT-ATHLETE TRANSPORTATION WAIVER

In an effort to support the transportation needs of our Chandler Unified School District (“CUSD”) high school student-athletes to designated off-site practices, please indicate your choice of Waivers A, B, and/or C for the current school year.

Student Name: _____

School: _____ School Year: _____

Sport: _____

Student-Athlete Transportation Waiver A – Drive Personal Vehicle

I hereby give my consent to allow my student to travel to and from off-site practices in his/her own personal vehicle. I understand that I am responsible for making certain that my student is properly licensed and possesses the appropriate auto insurance as required by law. I understand that CUSD accepts no responsibility or liability for verifying, or for failing to verify, either the status of the student’s license or insurance. I have discussed the number of passengers my student may have in his/her vehicle while traveling to and from CUSD events and I agree to take full responsibility for such passengers in the event of injury or damage to the person(s) or the personal property thereof while riding with my student as the driver of the vehicle. I further understand that I assume full responsibility for liability and understand my personal insurance is primary in case of an accident. The undersigned hereby acknowledges and agrees to defend and hold harmless CUSD, including, but not limited to, its current and future employees, members of the school board, executors, administrators and successors and assigns for, from and against any and all liability, claims, demands, costs, charges and expenses of every kind related to any personal or property damage occurring while my student is traveling to and from off-site practices or other related events.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



Student-Athlete Transportation Waiver B – Travel with Parent

I hereby give my consent to allow my student to travel to and from off-site athletic practices with me. I understand that CUSD accepts no responsibility or liability for verifying, or for failing to verify, either the status of my license or my auto insurance. I assume full responsibility for liability incurred and understand my personal insurance is primary in case of an accident. The undersigned hereby acknowledges and agrees to defend and hold harmless CUSD, including, but not limited to, its current and future employees, members of the school board, executors, administrators and successors and assigns for, from and against any and all liability, claims, demands, costs, charges and expenses of every kind related to any personal or property damage occurring while my student and I are traveling to and from off-site practices or other related events.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Student-Athlete Transportation Waiver C – Carpool with another Parent

I hereby give my consent to allow my student to travel to and from off-site athletic practices with another parent/guardian who is legally licensed to drive (“Designated Driver”). I understand that CUSD accepts no responsibility or liability for verifying, or for failing to verify, either the status of the Designated Driver’s license or auto insurance. The undersigned hereby acknowledges and agrees to defend and hold harmless CUSD, including, but not limited to, its current and future employees, members of the school board, executors, administrators and successors and assigns for, from and against any and all liability, claims, demands, costs, charges and expenses of every kind related to any personal or property damage occurring while my student and the Designated Driver are traveling to and from off-site practices or other related events.

Designated Driver’s
Name: _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Date