

Vehicle Transportation Permission Form

By signing the waivers below, I understand and assume the risks of my student's participation in vehicle transportation. For myself, my heirs, and assigns, I agree to waive, release, and forever discharge any claim for injury or damage and to hold Corvallis School District 509J and their officials, agents, and employees harmless from any claim, loss, liability or expense, including attorney fees, resulting directly or indirectly from their participation in transportation, except in those cases where the acts of Corvallis School District 509J and their officials, agents, or employees have been determined to be negligent by a court of competent jurisdiction.

DRIVER PERMISSION FORM

I hereby give permission for _____ to drive a personal vehicle to _____
_____. My son/daughter is properly licensed to drive and is covered by liability insurance required in the State of Oregon. I understand and accept the liability that results from the granting of this permission.

Parent/Guardian Signature

Date

Student License No.

Expires

Policy Name

Policy Number

Expires

TRANSPORTING STUDENT PERMISSION FORM

I hereby give permission for _____ to transport fellow students in their personal vehicle to _____. My son/daughter is properly licensed to drive and is covered by liability insurance required in the State of Oregon. I understand and accept the liability that results from the granting of this permission.

Parent/Guardian Signature

Date

Student License No.

Expires

Policy Name

Policy Number

Expires

RIDER PERMISSION FORM

I hereby give permission for _____ to ride with fellow students to _____
_____. I understand the liability that results from the granting of this permission rests with the owner/driver of the vehicle.

Parent/Guardian Signature

Date