



## COMMUNITY BASED LEARNING PROGRAM VEHICLE TRANSPORTATION PERMISSION FORM

Employees of Corvallis School District 509J cannot authorize students to drive and/or transport other students to events in personal vehicles. We do, however, need to know what authorization is given by parents for their students to drive and/or transport other students.

By signing 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 the 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 when vehicle transportation is required for the Community Based Learning Program. My son/daughter is properly licensed to drive and is covered by liability insurance as required in the State of Oregon. I understand and accept the liability that results from the granting of this permission.

_____	Date	_____	Date
Parent/Guardian Signature		Student Signature	
_____	_____	_____	_____
Insurance Carrier / Policy Number / Expiration		Student License Number	Expiration

### RIDER PERMISSION FROM

I hereby give permission for \_\_\_\_\_ to ride with fellow students in their personal vehicle when vehicle transportation is required for the Community Based Learning Program. I understand the liability that results from granting permission rests with the owner/driver of the vehicle.

_____	_____
Parent/Guardian Signature	Date

### PERMISSION TO TRANSPORT OTHER STUDENTS

I hereby give permission for \_\_\_\_\_ to transport fellow students in their personal vehicle when vehicle transportation is required for the Community Based Learning Program. My son/daughter is properly licensed to drive and is covered by liability insurance as required in the State of Oregon. I understand and accept the liability that results from the granting of this permission.

_____	Date	_____	Date
Parent/Guardian Signature		Student Signature	

### RIDER PERMISSION FORM WITH TEACHER

I hereby give my permission for \_\_\_\_\_ to ride with \_\_\_\_\_ (CSD 509J employee). I understand the liability rests with the owner/driver of the vehicle.

_____	Date	_____	Date
Parent/Guardian Signature		Student Signature	