

**This form must be approved and turned in to the coach/supervising teacher 24 Hours PRIOR to the event.**

Saddleback Valley Unified School District

**TRANSPORTATION EXEMPTION FORM  
Transportation Provided**

It is hereby requested that my student \_\_\_\_\_  
be exempted from utilizing school transportation to \_\_\_ from \_\_\_ the following event:

EVENT

REASON

DATE

I, the parent/guardian, will assume full responsibility for my student \_\_\_\_\_, to be  
driven home by \_\_\_\_\_ from the above activity.

**TRANSPORTATION EXEMPTION FORM  
Transportation NOT provided**

It is hereby requested that my student \_\_\_\_\_  
be exempted from utilizing school transportation to \_\_\_ from \_\_\_ the following events:

EVENT

REASON

DATE

I, the parent/guardian, will assume full responsibility for my student \_\_\_\_\_, to be  
driven by \_\_\_\_\_ to and from all events listed above.

By my signature below, I accept responsibility for arranging and providing for the transportation of the named student. I further acknowledge that the District does not provide any type of insurance including liability, collision, comprehensive or medical coverage during the transportation of the named student in connection with the described activity.

I agree to hold the Saddleback Valley Unified School District, its Board, officers, agents and employees harmless from all claims, losses, costs, attorney fees and expenses arising out of any liability or claim of liability for personal injury, bodily injury or death that may occur while transporting the named student.

**IT IS FULLY UNDERSTOOD AND AGREED THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY FOR, ANY INJURIES OR LOSSES RESULTING FROM THIS ALTERNATIVE TRANSPORTATION ARRANGEMENT.**

By my signature below, I agree to waive all claims against the District and to indemnify and hold the District, its officers, agents and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind including death, bodily injury or illness that may occur during any portion of the transportation phase.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent/Guardian Address

\_\_\_\_\_  
Coach/Advisor Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Athletic Administrator Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date