

Authorization and Release of Liability**AUTHORIZATION FOR STUDENT TO DRIVE TO APPROVED ACTIVITIES DURING THE SCHOOL DAY AND RELEASE FROM LIABILITY**

The undersigned, as parent or legal guardian of _____, hereby executes
Name of Student

this Authorization for the purpose of requesting permission for my child to drive to and from approved activities during the school day.

I authorize and request permission for my child or ward to be permitted to drive to and from approved activities during the school day, and acknowledge and understand that the School Board of Fort Thomas Independent Schools, its employees, agents, Board members, and representatives, hereafter referred to as Fort Thomas Independent School District, has not determined or verified the qualification or representation, safe driving history, or insurance coverage of the volunteer driver(s), or undertaken any inspection of the vehicle to determine its condition, mechanical or otherwise;

I further acknowledge and understand that by requesting that my child be permitted to drive to and from approved activities during the school day, I release Fort Thomas Independent School District from any duty to control or supervise or protect my child or ward, until he/she is returned to the appropriate school official;

I further, on my own behalf and on behalf of my child or ward, release Fort Thomas Independent School District, its employees, agents, Board members, and representatives, from any liability for medical expenses, disability, disfigurement, lost wages, diminished earning capacity, mental anguish, and emotional distress arising from permitting my child to drive to and from approved activities during the school day, including, but not limited to, injury caused by negligent operation of a motor vehicle, vehicle maintenance, mechanical failure or defect, vehicle misuse, negligent acts of third persons, intentional acts of third persons, roadway conditions or hazards, supervision, student misconduct, and disregard of generally recognized safety precautions.

The parties have read and fully understand the content of this Authorization and Release from Liability Form.

Date

Signature of Parent or Legal Guardian

Date

Signature of Fort Thomas Independent
School District Employee

RELATED PROCEDURES:

09.36 (all procedures)