ASSUMPTION OF RISK
PARENT/LEGAL GUARDIAN DISCLOSURE ACKNOWLEDGMENT

Statement of Consent and Acknowledgement

I _________________________________ am the parent(s)/legal guardian(s) of _________________________________ (student), a minor enrolled in Canyons School District. I hereby grant permission for my student named above to travel from ___________________________ to ___________________________ on date(s) ______________________________.

☐ I am aware and acknowledge that Canyons School District (District) has made available information regarding ground or air transportation options in connection with the activity listed below. I knowingly select alternative transportation for my student;

or

☐ I am aware and acknowledge that Canyons School District does not sponsor or offer transportation in connection with this activity listed below.

I will be responsible to arrange transportation for my student. I understand that if the activity requires my student to stay overnight, that my student cannot drive to the activity or ride with another student who is driving to the activity. Students are not allowed to drive to activities that require an overnight stay.

I agree to assume all risk and responsibility of personal injury and death, or damage to or loss of property, of the student arising from, or based upon or relating to the student’s travel to and from the activity. I acknowledge that when a private vehicle is used to transport a student the insurance on the vehicle is primary to any other insurance.

I hereby waive, release, and discharge the Canyons School District, its Board members, officers, and employees from any claim, demand, or cause of action arising out of the transportation provided to my student and agree to indemnify the District and its employees from all claims for loss, damages, or injury sustained by us, my student, or myself.

____________________________________  ______________________________________
Student’s Name  Student Number

____________________________________  ______________________________________
Signature of Student  Date

____________________________________  ______________________________________
Signature of Parent/Legal Guardian  Date

__             ________________
Activity  Date of Activity

____________________________________  ______________________________________
Principal’s Signature  Date

DISTRIBUTION OF COPIES: 1- SCHOOL ADMINISTRATION; 2 – ADVISOR/COACH; 3 PARENT/LEGAL GUARDIAN