



Student Services and Activities
 2323 E. Farwell Rd., Mead, WA 99021
 509-465-6000 / Fax: 509-465-7680
 www.mead354.org

Mt. Spokane High School
 6015 E. Mt Spokane Park Dr.
 Mead, WA 99021
 509-465-7200
 Fax: 509-465-7220

Extracurricular/Field Trip Private Transportation Request Form

I, the undersigned parent/guardian of _____ (Print Student Name), understand and agree to the following:

1. The Mead School District ("District") provides student transportation when:
 - (a) an extracurricular event or field trip occurs on a regular school day and the departure time for the event is during school hours; or
 - (b) the teacher/coach/advisor has made special arrangements for District-provided transportation.
 On all other occasions, parents/guardians are solely responsible for providing transportation for their child/children, and the District has no responsibility for supervision, control, or safety or the selection of an appropriate driver with respect to such private transportation.

2. When transportation is provided by the District, student travel by a private vehicle to or from a field trip destination or an extracurricular event is prohibited unless;
 - a. The parent/guardian meets in person with the teacher/coach/advisor/principal/principal's designee, completes and submits this Request Form, and obtains written approval as indicated below. The request may be denied for any reason (e.g., student safety, team/program unity, administrative convenience, etc.); and
 - b. The student is traveling by private transportation in a vehicle driven by his/her own parent/guardian or by another non-student adult identified by the student's parent/guardian below.

3. Upon grant of this request, the District and its employees have no duty or responsibility to control or supervise the acts, omissions, or conduct of the vehicle driver, or of other persons within that vehicle, or those of any third parties.

4. Upon grant of this request, I and my student have sole responsibility to assure that my student is in fact transported in a vehicle operated by me or by the driver identified below, and that the vehicle itself is reasonably safe in condition and equipment.

5. I or the driver of the private vehicle shall not be, and shall not be considered, an agent or servant of the District for any purpose.

6. I agree to accept full responsibility for my student's transportation by private vehicle and I and my student release the District and its employees from any and all claims and responsibilities for any risks or occurrences associated with such private-vehicle transportation, to include without limitation claims by any person or entity (including by third parties) arising from accidents, bodily injury, property damage, or any other casualty or loss, and I further agree to defend, indemnify, and hold the District and its employees harmless from, for, and against any claim relating to or arising from the private vehicle transportation I have requested.

Date(s) of Trip(s): _____ Activity: _____

Specify if:

- Entire Season
- Entire Class
- Specific Season Event
- Specific Class Event

Identity of Designated Driver if Not Parent/Guardian Signing Below: _____

Parent/Guardian Signature: _____ Date: _____

Coach/Advisor/Principal (or Principal's Designee): _____ Date: _____