

**SAN FELIPE DEL RIO**  
*Consolidated Independent School District*  
*Del Rio High School*



P.O. DRAWER 428002

DEL RIO, TEXAS 78842

**PARENTAL WAIVER OF DISTRICT TRANSPORTATION AND LIABILITY**

**THIS FORM IS TO BE USED WHEN PARENTS WISH TO DECLINE DISTRICT TRANSPORTATION FOR THEIR CHILD AND MAKE THEIR OWN TRANSPORTATION ARRANGEMENTS**

San Felipe Del Rio School District ("District") policy requires students attending off campus activities be transported in district vehicles. Parent/Guardian may request to decline district transportation and provide alternate means of transportation to the off-campus activity. The request requires approval of the school employee\*. This must be done by a parent/guardian submitting this completed form to the school employee\* at least twenty four (24) hours prior to the school approved off-campus activity. **If you are requesting this alternative please complete the form below.**

\*School employee = coach, sponsor, adviser or teacher

I am requesting approval to provide my own transportation for my child:

Name of Child: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Please check the appropriate box: (Note: students, can only be transported by parents/guardian)

I WILL BE PROVIDING TRANSPORTATION **FROM** THE EVENT

Therefore in consideration of this transportation arrangement, I waive any claim of liability or responsibility and covenant not to sue San Felipe Del Rio School District, its board members, officers, directors, agents, representatives, and employee in the event of an accident causing injury to the above named student which may result from such transportation. I further release, acquit and forever discharge San Felipe Del Rio School District, its board members, officers, directors, agents, representatives, and employees from any and all claims that may be asserted by my child arising out of any accident which may result from such transportation. I further agree on behalf of myself and my child to defend, indemnify and hold harmless the San Felipe Del Rio School District, its board members, officers, directors, agents, representatives, and employees from any and all losses, costs, or expenses, incurred as a result of any accident or injury that may occur to my child as a result from such transportation.

\_\_\_\_\_  
PARENT OR GUARDIAN – PRINTED NAME

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

EQUAL OPPORTUNITY EMPLOYER  
Telephone: (830) 778-4000