

Waiver Form

FOR THOSE STUDENTS RIDING TO, OR RETURNING FROM A SCHOOL SPONSORED ACTIVITY BY MEANS OTHER THAN THOSE PROVIDED BY THE SHAWANO SCHOOL DISTRICT.

I, the undersigned parent or legal guardian of _____
(Student's Name)

Take full responsibility for their transportation to or from the designated event,

(Name of Event)

Please check the appropriate box (es): To Event () Return from Event ()

On _____
(Date of Event)

I agree to take full responsibility for their safety and agree to hold harmless any coach, school board member, superintendent, principal, teacher, bus personnel, or any other person connected with the School District of Shawano.

I understand that my signature below absolves the district and their agents from all responsibility for the given student.

(Signature of Parent/Guardian)

(Date)

(Administrative signature)

(Teacher/Advisor signature)