

MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT
DISTRICT TRANSPORTATION NOT PROVIDED
ACKNOWLEDGMENT, RELEASE AND CONSENT FORM

Group: _____

Activity: _____ Location: _____

Date(s): _____ Time: _____

I acknowledge that I have received written notice from the Milford Exempted Village School District (MEVSD) regarding the above referenced activity. I understand that the MEVSD will not be providing transportation to or from this activity. I understand that I am not required to provide transportation for my child to this activity because my child is not required to participate in it. Thus, if I choose to allow my child to participate in this activity, I acknowledge that it is my responsibility to ensure that my child is provided safe transportation to and from this activity.

I understand that the operator of the motor vehicle, who transports my child to this activity, whether it is me or someone else, will be acting purely in his or her private capacity and not under the supervision or control of the MEVSD. Furthermore, I understand that the MEVSD's insurance policy will not cover any accidents or injuries suffered during the transportation of my child to or from this activity.

I understand that, pursuant to the MEVSD's transportation policy, my child will not be allowed to participate in the activity described above unless I sign this "Acknowledgment, Release and Consent Form," and it is received by the MEVSD no later than one school day before the date of the activity (listed above).

I acknowledge that I have read and fully understand this "Acknowledgement, Release and Consent Form," and on behalf of me, my spouse (if applicable), my heirs, legal representatives and assigns, I hereby release the MEVSD Board of Education, its individual members, agents, employees, representatives and assigns from any and all potential liability, claims, demands, controversies, damages, actions and causes of action related to my child's transportation to or from the activity described above.

Parent/Guardian Signature Date

Student's Name – Please Print

PLEASE SIGN AND RETURN THIS FORM TO _____
(Teacher/Coach Name)

THIS FORM MUST BE RECEIVED BY NO LATER THAN _____
(One school day before activity)

TO BE COMPLETED BY THE MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT

Received by _____ on _____
(Initials) (Date)