



# Lake Havasu Unified School District No. 1

2200 Havasupai Boulevard, Lake Havasu City, AZ 86403-3798

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LHHS Fax 928.854.5499 Thunderbolt Fax 928.854.7482

## ALTERNATIVE PARENT TRANSPORTATION FORM – B

(Must be completed to accompany form A)

The Lake Havasu Unified School District #1 provides students with transportation to and from various school-related events. Students are expected to travel to and from the event in a vehicle provided by the School District. However, if parents want to drive their own child(ren), this document must be completed, signed and returned to the school/athletic office for approval **24 hours prior to departure for each event**. A copy will be forwarded to the appropriate teacher/sponsor/coach.

Students will only be released on a school trip to their **own parent/legal guardian**. If the parent/legal guardian cannot pick up student as planned from an event, the student **must** return home with school transportation. It is specifically noted that *students are solely responsible for all personal items they choose to bring on field/activity/athletic trips and any loss or damage should be reported to the family's homeowner's insurance company.*

I am the parent/legal guardian of \_\_\_\_\_  
(Student's Name(s))

I will provide transportation for my child(ren) above **to or from** (circle one or both) the  
\_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_  
(Name of event) (Location of event) (Date)

I hereby waive, release, and discharge Lake Havasu Unified School District #1, its employees, volunteers, coaches, sponsors, and participants from any and all claims or lawsuits for personal injury, property damage, or death resulting from the alternative transportation of my child to or from the event.

I agree to defend and indemnify Lake Havasu Unified School District #1 and its employees, agents, and representatives from and against any claims or lawsuits arising from or related to the alternative transportation of my child to or from the event. I understand that the School District does not provide any insurance for alternative transportation.

*I am aware that Lake Havasu Unified School District #1 does not provide accident or health insurance coverage for me or my child during this event. I realize that the District's liability coverage only applies to injury if negligence is proven against the District and the terms and conditions of the contractual liability coverage provided in favor of the District have been met; in all other circumstances, my health insurance will provide coverage for my and my child's injuries.*

While at the school-related activity, in the event of an emergency, I authorize Lake Havasu Unified School District #1 and its employees and agents to seek medical treatment as deemed necessary.

I have read this agreement and fully understand its terms and agree that it shall be binding on my heirs and assigns.

\_\_\_\_\_  
(Parent/Legal Guardian Printed Name and Signature)

\_\_\_\_\_  
(Date)

### Office Use Only

Received By \_\_\_\_\_

Date \_\_\_\_\_

Forwarded to (teacher/sponsor/coach) \_\_\_\_\_

Date \_\_\_\_\_