

Transportation Waiver & Release of Liability

Clark School District 12-2

Student Name: _____

Grade: _____

Parent/Guardian Name(s): _____

The undersigned parent/guardian acknowledges and understands that their son/daughter has been granted permission to participate in an off-campus educational opportunity, which may include:

- Senior off-campus privileges
- Participation in an approved internship

Transportation and Liability

By signing this waiver, the parent/guardian agrees to the following:

1. **Transportation Responsibility:** The parent/guardian assumes full responsibility for providing or arranging transportation for their child to and from the off-campus location.
2. **Release of Liability:** The parent/guardian hereby releases, waives, and discharges the Clark School District, its employees, agents, and representatives from any and all responsibility and liability for injury, accident, illness, or other damages that may occur while the student is traveling to, from, or attending the off-campus program.
3. **Assumption of Risk:** The parent/guardian understands and accepts the risks associated with the student traveling independently or with private transportation outside of the school's supervision.
4. **Supervision:** The parent/guardian understands that once their child leaves the school premises for an approved off-campus class, privilege, or internship, the student is no longer under the supervision of Clark School District personnel until they return to the school grounds (if applicable).

Acknowledgment

By signing below, the parent/guardian affirms they have read, understood, and agree to the conditions outlined above.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

School Official Signature: _____ Date: _____