



RETURN TO COACH/SPONSOR BY:

**PARENT PERMISSION FOR PRIVATE TRANSPORTATION TO SCHOOL RELATED ACTIVITY**

Name of Student: \_\_\_\_\_

PERMISSION AND RELEASE made by: \_\_\_\_\_  
(Circle one: parent or legal guardian)

(Address, city, state, zip code): \_\_\_\_\_

Co-curricular/Extracurricular Activity: \_\_\_\_\_

Although the District may provide transportation to and from the above mentioned activity, I desire that my student be allowed to participate in this activity, and travel to and/or from the activities via an alternative mode of private transportation designated by me or that I and/or my student be allowed to transport the following students to and/or from the activities. In this regard, I grant permission, strictly under the provisions of this agreement, for my student to secure private transportation, and/or for me and/or my student to provide transportation, to and/or from the above mentioned school related activity with the following individual(s):

Name of Adult Driver(s): \_\_\_\_\_

Name of Student Driver(s): \_\_\_\_\_

Name of Student Rider(s): \_\_\_\_\_

In consideration for permission to participate in the activity identified above, I hereby release and forever discharge the McKinney Independent School District, (hereinafter the "District") its agents, employees and officers from all claims, demands, actions, right of action, which I and/or my student may have or which my and/or my student's heirs, executors, administrators, or assigns may have or claim to have against the District which arise out of or are in any way connected with personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of, transportation covered by this release.

I fully understand that transportation covered by this release could create risk to my or my student's health or safety. I, the undersigned, assume full and complete responsibility for any injury or accident that may occur to me and/or my student while traveling to or from the above mentioned activity in transportation not provided by the District. I understand that any and all costs incurred from any resulting medical care will remain my responsibility. I further understand that these costs may include, but are not limited to, ambulance, private physician, clinic, hospital, dentist, or other urgent care personnel.

I, the undersigned, have read this entire release and understand that the terms contained herein are contractual. I understand that failure to return this form will act as lack of consent for participation and student will not be allowed to participate in this activity or, if applicable, will be required to accept transportation provided by the District. I execute this voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature of Parent/Guardian Date and Year

\_\_\_\_\_  
Daytime contact number