



DERBY HIGH SCHOOL

Department of Athletics

Bus Waiver

Name of Student _____

Name of Event _____

Place of Event _____

This is to certify that I am the parent or legal guardian of the above named student and that I assume full responsibility and legal liability for the transportation of my son/daughter **TO** or **FROM** (Circle One) the event described above. My son/daughter will be traveling with me and **not driving himself/herself or with any other person.**

The reason for not riding the bus is _____

(Reason must be sufficiently urgent to justify not riding the bus.)

- I understand that the Derby High School athletic rules require that students ride the buses to and from all athletic events and that a departure from this requirement will release the Derby High District from all liability for any injury or damage that may occur in providing alternative transportation. If abused, you will relinquish your right to use a waiver.
- I agree to release the Derby Board of Education, its members, employees, agents and officers from any claim or liability with reference to the above-stated transportation.
- I further understand that the school sponsored activity shall not begin until the student is under the direct supervision of the coach and shall end upon the parent picking up his/her son/daughter.

This form must be on file in the athletic office **at least two days prior** to the event with the proper signatures.

Signature of Parent/Guardian _____ Date _____

Signature of Athletic Director _____ Date _____

Signature of Principal _____ Date _____

APPROVED - NOT APPROVED