



RELEASE AND WAIVER OF LIABILITY

The undersigned hereby give their permission for _____ / _____
(Name of Child/Date of Birth)

and _____ / _____ to ride on school bus number
(Name of Child/Date of Birth)

_____ driven by _____
(Bus Number) (Name of Bus Driver)

I agree to comply with Spotsylvania School Board policy **EEAD** allowing school bus drivers to transport their preschool children on the bus during their daily runs and to comply with all other Spotsylvania County Public School policies.

In consideration of allowing my children to ride on the school bus, I agree for myself and my heirs, executors, administrators, and assigns to waive, release, and discharge any and all rights and claims for damages and/or losses which I may have against Spotsylvania County Public Schools or the pupil transportation department, their officers, agents and employees, for any and all activities connected with my child(ren) riding on the school bus.

I also agree to indemnify Spotsylvania County Public Schools, their officers, agents, and employees for any claims or damages asserted as a result of a claim by or on behalf of the minor child(ren) listed above as a result of participating in the above referenced activity.

I understand the meaning of this agreement and by my signature indicate that it is a voluntary act on my part and that I give my child(ren) permission to participate.

Parent's Name (Print)	Parent's Signature	Date
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Parent's Name (Print)	Parent's Signature	Date
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