



JACKSON TOWNSHIP SCHOOL DISTRICT

151 Don Connor Boulevard
Jackson, NJ 08527-3497
(732) 833-4604
FAX (732) 833-4608
www.Jacksonsd.org

Student Athletic Transportation Waiver Indemnification and Release

I agree to release and hold harmless the Jackson Board of Education, collectively and individually, as well as its agents, servants and employees from all liability for personal injury and/or property damage sustained and/or caused by my daughter/son in the course of my voluntary private transportation to/from athletic events sponsored by the Jackson School District. I further agree to indemnify and hold the Board harmless, collectively and individually, from all claims, costs, damages and losses, including reasonable attorney fees, arising from any injury and/or loss occasioned where I have opted to privately transport my child/athlete in lieu of district provided transportation, including any and all claims which may be brought individually by my/our son/daughter on his/her behalf now and forever.

By signing this form, I certify that I am a parent/guardian of this student and fully understand my/our rights and responsibilities under this agreement and I have agreed to accept all liability in the course of my transportation of my son/daughter for these district-sponsored athletic events.

STUDENT NAME: _____ **SPORT:** _____

DATE OF EVENT: _____

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian