

Student's First and Last Name: _____

Sport: _____

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.

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Permission for 18 year old driver to transport self to athletic events. I agree to follow all NJ DMV rules and regulations. I accept all responsibility and agree to accept all liability.

Date

Signature of Parent/Guardian