



School District of Lodi –Staff Transportation of Students
Waiver and Release of Liability form

Name of the Activity or Event _____

Date(s) of the Activity or _____

Event _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, and waive, release and discharge the School District of Lodi, WI Public School and their directors, board members, officers, employees, volunteers, agents, representatives or assigns and the activity or event sponsors, from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons release, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may occur to me as a result of participation in the above named activity. I agree to indemnify, hold harmless, and promise not to sue the entities or persons mentioned above from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of those released or otherwise.

Further, I certify that my driving record is free from the following traffic and/or driving violations. I will also provide a driving record to provide my driving history.

1. No felonies – from driving, traffic violation or otherwise occurring
2. No driving with intoxicated or under the influence convictions
3. No other major traffic violations or offense resulting from driving offenses

Minor traffic and driving violations, such as parking tickets, or as determined by School District of Lodi Officials are acceptable in this contract.

Stated above staff member will carry adequate insurance to ensure that in case of an accident or incident, the staff member and the occupants of the vehicle shall be duly covered. School District of Lodi insurance providers will be released from liability in the event an accident or incident occurs due to the negligence of stated staff member.

This waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

Print Participant's Name

Age

Participant's Signature

Parent Signature (If participant is under 18 years old, parent must sign also)