

12TH GRADE INTERNSHIP PROGRAM

EAST BATON ROUGE PARISH SCHOOL SYSTEM

TRANSPORTATION AGREEMENT

As a parent or guardian of (student) _____, I grant my permission to the above named student to use his/her car for transportation to and from: _____ (name of work site) in _____ (city) in order to participate in the Work-Based Learning Experience.

I and the above-named student understand that the student is to drive directly to the work site and return home at the conclusion of the work experience. Additionally, it is understood that no other students are to be transported by the above-named student during their transportation to and from the worksite.

I agree for myself and on behalf of my student to waive all liability and to release and hold harmless East Baton Rouge Parish School System, its School Board members, agents, employees, and volunteers in the event of injury, death, loss or damage to person or property that occurs as a result of my student's transportation to or from an extracurricular activity or worksite by transportation other than that provided by East Baton Rouge Parish School System. In addition, I agree for myself and on behalf of my student, not to assert against the District, its Board members, agents, or employees in any court of law, any claim or claims whether known or unknown, that arise as a result of such transportation except for claims arising out of gross negligence or willful and wanton conduct by a District representative.

I have read and voluntarily sign the release and waiver of liability, and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

PLEASE PRINT

Parent/Legal Guardian: _____

Student Driver's License #: _____

State of Issuance: _____ Issued Date: _____ Exp. Date: _____

Insurance Carrier: _____ Policy #: _____ Exp. Date: _____

This Agreement is for:

_____ Semester 1 _____ Semester 2 _____ Summer (check all that are applicable)

SIGNATURES:

Parent/Legal Guardian: _____ Date: _____

Program Coordinator: _____ Date: _____

Executive Director: _____ Date: _____

