WHITE MOUNTAINS REGIONAL SCHOOL DISTRICT
STUDENT SELF-TRANSPORTATION CONSENT AGREEMENT

(Please Print)

Student Name: _____ **Year of Graduation:**_____
Last First Middle Initial

Street Address: _____ **City/State:** _____

Date of Birth: _____ **Telephone:** _____

Name of Parent(s)/Legal Guardian(s): _____ **Emergency Telephone #:** _____

Auto Insurance Carrier: _____ **Policy No:**_____

The White Mountains Regional School District may authorize the self-transportation by students for reasons of convenience or safety, subject to the written permission of the student's parent(s) or legal guardian(s), and the parent's and student's agreement to meet the requirements detailed below:

Authorization: Any use of private vehicles for the transportation of any student for any reason must have prior written authorization from the Superintendent or his or her designee. Those providing unauthorized student transportation do so at their own expense and liability.

License: The student driver must provide a copy of a valid New Hampshire driver's license to the District. Any loss or suspension of such license must be reported to the District immediately.

Insurance: The student driver must provide evidence of insurance to the District. Such evidence of insurance must include liability coverage (desired minimum limits of $100,000 per person, $300,000 per accident).

Limitations to Student Use: Student authorization is limited to the direct transportation between White Mountains Regional High School and the student's approved destination. Any deviation between the two locations is not authorized, and is done so at the parent's and student's own expense and liability. **Student is not authorized to provide transportation to other students or to use any automobile on school errands.**

I/We acknowledge that I/We have been informed as to the requirements for allowing my child to provide his/her own transportation**. I/We fully understand that it is my/our responsibility to provide the required insurance coverage and any expenses for my child's transportation, and ensure that my/our child abides by the above requirements**. I/We understand that NH does NOT require drivers to be insured.

I/We represent that my/our child holds a valid New Hampshire driver's license, is covered by a valid auto insurance policy with the required liability coverage, and is physically fit to drive a motor vehicle. Our child recognizes that he/she also has a responsibility for his/her safety and the safety of others. The District will rely on these representations.

I/We acknowledge my/our child must adhere to all the above requirements, and the rules and regulations of the State of New Hampshire Department of Safety, and that failure to comply could rescind the District's approval of this activity. I/We consent to my/our child's participation in this activity. I/We fully understand that the White Mountains Regional School District does not provide any accident or health insurance coverage for my/our child while driving their own motor vehicle. I/We fully understand that it is my/our responsibility to provide insurance coverage for my/our child.

I/We hereby waive, release and discharge the White Mountains Regional School District and SAU #36, their officials, administrators, employees, volunteers, or agents from any and all liability for bodily injury, including death, disability, personal injury, property damage, property theft or any other cause of action resulting from my child's self-transportation.

I/We hereby indemnify and hold harmless the White Mountains Regional School District and/or SAU #36, their officials, administrators, employees, volunteers, or agents from any and all liabilities or claims made by other individuals or entities as a result of my child's conduct

Parents/Legal Guardians or students who do not wish to accept the requirements of this activity as described in this consent form should not sign this permission and consent form.

Signature: _____ **Date:** _____ **Work Tel:** _____
Parent/Legal Guardian

Signature: _____ **Date:** _____ **Work Tel:** _____
Parent/Legal Guardian

"I have read the foregoing and will abide by the requirements and regulations contained therein."

Signature: _____ **Date:** _____
Student

NOTE: THIS FORM MUST BE COMPLETED IN ALL DETAILS AND RETURNED TO THE DISTRICT BEFORE THE STUDENT WILL BE ALLOWED TO PROVIDE TRANSPORTATION IN THEIR OWN VEHICLE.

Principal Approval: _____ **Date:** _____

Superintendent or Designee Approval: _____ **Date:** _____