



BELLEFONTE AREA HIGH SCHOOL
Authorization to Drive to Practice

\*Please fill out all sections that apply

Sport: \_\_\_\_\_

I/We hereby give permission for \_\_\_\_\_ to travel from the Bellefonte Area High School to \_\_\_\_\_ for athletic practices during the 2021-2022 school year, or until otherwise notified in writing, as a

Check all that apply: \_\_\_\_\_ driver \_\_\_\_\_ passenger

I/We understand that this transportation is not sponsored by the Bellefonte Area School District, and the District will have no financial or legal responsibility for injuries arising out of such travel. I/We further understand that student drivers will be subject to all of the guidelines for driving as set forth by the Bellefonte Area School District and Pennsylvania law, including possession of minimum insurance required by law. Students that are transported to the above athletic practices must be from the same athletic team.

By signing this form, I/we agree to waive, release, and hold harmless the District, its directors, officers, employees and agents from any and all liability and claims which may arise out of or in connection with student's transportation to and from athletic practices, including accident, illness, or death.

Signature of Parent/Guardian Date: \_\_\_\_\_

Signature of Parent/Guardian Date: \_\_\_\_\_

I understand the above rules and District policies and agree to abide by them. I further understand that I have a responsibility to travel directly from the High School to athletic practices. I understand and agree that a violation of the regulations as stipulated above or in District policy will result in immediate revocation of my driving privileges and any further punishment as rendered at the discretion of the administration of Bellefonte Area High School and/or as outlined in District policy.

Signature of Student Date: \_\_\_\_\_