EAU CLAIRE AREA SCHOOL DISTRICT

500 Main Street
Eau Claire, WI 54701-3770
(715) 852-3000 - Fax (715) 852-3004

Event Alternate Transportation Form

Student: _____ School: _____ Grad Year: _____
First *Last*

I certify that I have arranged transportation for the above-named student with an ***adult (non-student)*** of my choosing and he/she will not be riding the district provided transportation.

Check all that apply:

☐ TO event ☐ FROM event ☐ TO and FROM event

Name of Event: _____

Location of Event: _____

Date of Event: _____

I understand that transportation is being provided, but choose to provide my own child's transportation. I agree that I am in no way acting as an Eau Claire Area School District employee, agent, or volunteer. I also agree that the District is in no way hiring me, renting, or borrowing my vehicle. I certify I agree to release, indemnify, and hold harmless the Eau Claire School District, employees, and agents and any and all persons or entities holding thereunder, including any and all policies of insurance from all liability for any adverse results that may occur. At the conclusion of the above-named event, the District is no longer acting "in loco parentis."

Event Coach: _____ Date: _____
Signature

Student Parent/Guardian: _____ Date: _____
Signature

Form to be submitted to the advisor or coach
Internal: This form is to be used when the District is providing transportation both ways to event
Forms should be kept by coach until the end of the season and then sent to Business Office for retention.

Eau Claire Area School District is an Equal Opportunity Employer