



# FORM B

## NON-DISTRICT PROVIDED TRANSPORTATION

Parent/Guardian:

The purpose of this form is to ensure that you as a parent/guardian, understands and acknowledges that the Ceres Unified School District will not provide transportation for the excursion in which your student will be participating in as listed below.

### ACKNOWLEDGEMENT:

The undersigned hereby acknowledges and understands that the Ceres Unified School District is NOT providing transportation to or from his/her student's participation in the following event/s sponsored by the District and that it is the responsibility of the undersigned to arrange for transportation:

Event: \_\_\_\_\_ Location: \_\_\_\_\_

Dates: \_\_\_\_\_ Times: \_\_\_\_\_

**IMMUNITY:** As provided for in California Education Code Section 35330, all persons making the field trip or excursion shall be deemed to have waived all claims against the District for injury, accident, illness, or death occurring during or by reason of the field trip or excursion; and all adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.

**RELEASE:** This provision shall not limit, to any extent, the immunity from liability afforded the District under California Education Code Section 35330. I agree, on behalf of myself and my child whose name is set forth on this form, to release, discharge, hold harmless and indemnify the District, its officers, employees and agents from all liability or claims, which may arise out of or in connection with my child's participation in this field trip or excursion.

The undersigned acknowledges and understands that any driver transporting his/her student is not driving on behalf of or as an agent of the District. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION.

Please check one of the following:

\_\_\_ Student/child transporting themselves ONLY

\_\_\_ Parent transporting ONLY their own child

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date