

ACKNOWLEDGEMENT OF RISK FORM

_____ School District

As a condition to participate in the _____ School District's _____ lunch period driving privilege program, you and your student are required to complete the enclosed form. It is the policy of the School District to require an acknowledgement of risk as a condition of participating in this program. If your student would like to participate, please carefully read and sign this document. Those students that do not participate will not be permitted to drive off campus during the lunch period..

This program includes driving without supervision during the school day. There is an inherent risk of injury in this type of activity. By signing this agreement I acknowledge that the school district staff and volunteers try to prevent accidents. I, the undersigned, hereby acknowledge and understand that, regardless of all feasible safety measures that may be taken by the district, participation in this program entails certain inherent risks. I certify that my student has a insured vehicle, valid drivers license, and my permission to leave campus. I further certify that my student will honor all policies of district staff and volunteers and failure to honor instructions may result in revocation of privilges. I agree to accept responsibility for my student's participation in the program. I understand any negligence arising out of the student's participation in the program shall be attributed to me as comparative negligence within the meaning of Section 27-1-702, MCA.

Student and Parent Signature

Student's Printed Name: _____

Parent/Guardian Printed Name: _____

Address: _____

Phone Number: _____

Vehicle Description: _____

License Plate Number: _____

Drivers Licence Date: _____

Drivers License Number: _____

Signature: _____
Student

Date: _____

Signature: _____
Parent/Guardian

Date: _____