

Work-Based Learning Student Driving Permission Guidelines and Agreement

This agreement outlines the student's responsibilities and privilege of being able to drive to and from work-based learning activities and sites such as job shadows, employer visits, interviews, job sites, training sites, and other activities.

Student Name:	Work Site:
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It is to be understood by all parties:

That the student will be driving to and from his/her work-based learning activity site only. After the activity is completed for the day, the student will go directly to his/her residence or back to school. The student will not transport any other student(s) while involved in any work-based learning activities.

It is further understood by all parties:

That driving is a privilege, and the student guidelines/responsibilities listed below must be agreed to, and this form and the student's schedule must be completed and on file with the appropriate school personnel **before** the work-based learning activity takes place.

1. The student will drive to and from work-based learning activities alone.
2. The student will drive at legal speeds and in a safe and normal manner.
3. The student will leave the school or home with reasonable time to get to the scheduled work-based learning activity site.
4. The student must be a licensed driver.
5. It is the responsibility of the student and his/her family to ensure that the student is covered by automobile insurance, and that he/she will only drive a properly insured, inspected, and registered vehicle.

Initial on the following line to verify compliance.

_____ Copies of the student's driver's license, automobile insurance card, and registration of the vehicle he/she will be driving have been provided to the appropriate school personnel for the student file.

Infractions of these rules will result in the loss of driving privileges and possible loss of the work-based learning activity.

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I also understand that work-based learning may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

By signing this form, I hereby release Dickson County Schools, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, and volunteers from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and District policies, procedures and the Code of Conduct; (b) arising out of any damage or injury caused by my child's operation of their motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims including any and all related costs, attorney fees, liabilities, settlements, and/or judgements.

I confirm I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child.

I have signed this CONSENT AND RELEASE this _____ of _____, 20_____. This consent and release has been read and understood by me.

Student's signature

Parent/Guardian's Signature

Work-Based Learning Instructor Approval

Date