Bridgman Athletic Department

9964 Gast Road, Bridgman, MI 49106
Ph: (269) 466-0233 Fax: (269) 466-0355
athleticdirector@bridgmanschools.com

Alternate Transportation To/From an Event

I, the undersigned parent/guardian of the named student, intend to arrange alternate transportation for my student to and/or from the school-sponsored event listed below. I acknowledge that it is the policy of Bridgman Public Schools (hereinafter referred to as "the District") to provide my student with transportation to and/or from the below mentioned event. By affirmatively electing to arrange an alternate means of transportation to and/or from the event, I acknowledge that I am doing so by my own free and voluntary choice, that no employee or agent of the District requested that I drive my student to and/or from this event; and that District-provided transportation would otherwise be provided for my student. Therefore, I acknowledge that in arranging alternate transportation to and/or from the below mentioned event, I shall not be acting as an employee or agent of the District, nor shall any insurer of the District have any responsibility or liability to me, to my student nor to a third person who may incur personal injury or property damage by virtue of my actions or inactions in arranging alternate transportation to and/or from the below mentioned event. I further agree to defend, indemnify, and hold the District harmless for any claims of responsibility asserted against the District based on my said actions or inactions in driving my student to and/or from this event, I will not transport any other student participating in the event - unless school-provided transportation is unable to be provided and/or written parental permission has been submitted to the school or respective coach indicating such.

_____ _____
Date of Event Name of Event & Location of Event

_____
Alternate Method of Transportation Being Used/Name of Driver

☐ **To the event only** ☐ **From the event only** ☐ **To and From the event**

_____ _____ Printed
Name of Student Printed Name of Parent/Guardian

_____ _____
Parent/Guardian Signature Date

_____
Athletic Director Signature

This form must be completed and turned in 24 hours prior to the above mentioned event. In the occurrence when school transportation is unable to be provided, it is the responsibility of the parent/guardian to contact either the high school or athletic office to verify in writing whom the student-athlete will be riding with to and/or from that particular athletic event. Student-athletes - if given permission to drive to an event - are NOT PERMITTED to transport other students.