

Almaden Parents' Preschool Transportation Liability Release

Student's Name _____

Class (circle) 2-day 3-day 4-day

Driving Parent's Name(s) _____

Auto Insurance Company _____

Policy # _____ Expiration Date ____/____/____

I agree to hold Almaden Parents' Preschool, its agents, volunteers, and employees harmless from liability/claims which may arise from my participation in any school-related activities. This includes driving my child(ren) or other children in carpools, on field trips, or on any other school-related activities.

I certify that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear responsibility for any losses or claims for damages.

Parent Signature _____

Date ____/____/____

THIS FORM WILL BE KEPT ON FILE FOR ONE YEAR AND MUST BE RENEWED ANNUALLY.