

VALLEY VIEW C.U.S.D 365U TRANSPORTATION DEPT
ALTERNATIVE LOCATION DROP OFF & PICK UP PROGRAM

WAIVER & RELEASE OF ALL CLAIMS:

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries that might be sustained arising out of participation in this program. The undersigned hereby request(s) that the School District allow the student to participate in the Alternate drop-off/pick up program (the "Program"). Under the program, the student will be transported to and from daily to the alternate drop-off/pick up location, rather than the Student's residence, at the beginning and end of each school day. * The undersigned represent(s) and warrant(s) that the student will be met, and custody of the Student will be assumed by a responsible adult at the alternative drop-off/pick-up location. *The undersigned(s) hereby agree(s) to waive and relinquish all claims the undersigned (s) may have as a result of participating in the Program against the School District, its officers, agents, servants, and employees. * The undersigned (s) hereby fully release and discharge the School District, its officers, agents, servants, and employees from any and all claims for injuries, including death, damage, or loss which the undersigned(s) may have or which may accrue on account of participation in the Program. The undersigned(s) hereby fully release and discharge the School District, its officers, agents, servants, and employees from any and all claims for injuries; including death, damage, or loss, which the undersigned(s) or the Student may have, or which may accrue on account of participation in the program.

CONDITIONS OF PARTICIPATION

1. The residence of the childcare provider must be within walking distance, with no intervening IDOT safety hazard areas, of the bus route serving the child's school.
2. No deviation shall be required in the established bus routing.
3. Participation shall be contingent upon availability of space on the bus route.
4. Parent(s) or legal guardian(s) must sign above Waiver and Release of All Claims form.
5. Participation in this Program is contingent upon five-days-per-week participation for a minimum period of one semester.
6. Participation in the Program will terminate in the event that any false or misleading information is provided on this form

I am giving my permission for my child(ren) to ride Valley View School District 365U buses for the school year. I realize my child(ren) must walk to an existing bus stop, and I assume full responsibility for my child(ren) getting to and from the bus stop safely. I am also aware that if my child(ren) misbehave, or if space is needed for an eligible bus student, my child(ren) may lose bus riding privileges.

A new request must be submitted at the end of each school year for the next school year.

If you have any questions, please call the Transportation Office at 815-886-6686. The office is open Monday through Friday, from 7AM to 4:00PM.

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Include copy of driver's license or state ID of both the Parent and Childcare Provider

PARENT TO FILL OUT THIS SECTION:

Name of Student: _____

Address, City, Zip: _____

School: _____ Grade: _____
(If kindergarten am or pm)

Phone (work) _____ (home) _____

I have read and fully understand the Program details and Waiver and Release of All Claims. The undersigned is(are) the parent(s) or legal guardian(s) of the above named student.

Signature of Parent or Legal Guardian

Date

CHILDCARE PROVIDER TO FILL OUT THIS SECTION:

I, _____; the undersigned, reside at
Please print name

Address

City

IL

Zip

Phone# _____ and will be the childcare provider.

I have read and fully understand the above Program details and, by my signature, swear and affirm that the information stated above is true and correct.

Signature of Childcare Provider

Date

TO BE FILLED OUT BY TRANSPORTATION:

I.D. #: _____ **School:** _____ **Route#** _____

P/U Time: _____ **Begins:** _____

Stop Location: _____