Student Transportation Waiver

As the parent/guardian of(Student's name	agrade student
(Student's name	e) (Grade)
At Spring Hill Independent School Distric	t and participant in
	(Activity)
I give my permission for him/her to use transportation, other than school provided	
transportation, to travel to and from this so	chool activity. I give my permission for
him/her to be transported by	I hereby release and ver's Name)
(DII	vei s name)
fully forever discharge Spring Hill Independent School District, and all of its administrators, teachers and staff, supervisors, and agents, from liabilities, claims,	
his/her participation in the above activity.	
(Signature of Parent/Guardian)	(Date)
(Signature of Teacher)	(Date)
(Signature of Driver)	(Date)