BETH YESHURUN
Day School

TRANSPORTATION LIABILITY WAIVER FORM
FOR AN UNACCOMPANIED MINOR

This Liability Waiver Form must be completed and signed by the parent or guardian of any student wishing to transport themselves to or from Beth Yeshurun Day School (BYDS) using any mode of transportation (bicycle, walking, scooter, etc.) without adult supervision. The original must be on file in the school office.

Please note that any student wishing to transport themselves to/from school must remain on the sidewalks once entering the BYDS parking lot and absolutely may NOT ride through the parking lot except in the minimal areas where it is absolutely unavoidable. It is expected that such students have been educated in bicycle/scooter safety and that students are advised that they must wear helmets when riding on school property.

I, the undersigned parent of _____, recognizing that allowing my child to transport themselves to and/or from school unaccompanied by an adult involves certain inherent risks and dangers, including property damage and/or physical injury, do hereby agree to assume the risks attendant to all activities associated with such unaccompanied transportation, including but not limited to: property damage and/or personal injury to them as a result of motor vehicle accidents or motor vehicle collisions on either public streets or private property; property damage and/or personal injury to BYDS property or employees or any third persons resulting from their activities; property damage and/or personal injury to them resulting from the acts of third parties; property damage and/or personal injury resulting from their own errors, omissions, or negligent acts.

The undersigned hereby releases and forever discharges the BYDS, along with all of its agents, employees, directors, officers, assigns, and attorneys, from any and all liability, claims, suits, demands, expenses of litigation, or causes of action arising out of any injuries, known or unknown, which have resulted or may in the future result from the student listed below transporting themselves to or from our school using any mode of transportation without adult supervision.

This liability waiver/release applies to the following student:

STUDENT'S NAME: _____
First Middle Last

Who *is currently enrolled in* ***Beth Yeshurun Day School****:*

This__day of_____,20____

_____ _____
Parent/Guardian's Signature **Parent/Guardian's Printed Name**