INFORMED CONSENT, WAIVER and RELEASE DOCUMENT for "SCHOOL TO CAREERS PROGRAM" TRANSPORTATION

Washington County School District, authorize as her own means of transportation to and from his authorize, permit and direct District to release my child or ward from the school premises to travel to	of, in consideration for pate in the "School - to - Careers Program" sponsored by and give permission for my child or ward to provide his or her work activity during the normal school day. I hereby School and the Washington County School chool district's jurisdiction and supervision from the time of his/her work location until the time he or she returns to a normal school hours. In addition I do hereby agree to
authorize my c vehicle. I assume all risks associated with thi liability associated with the operation of a motor and all property damage associated with this tra	orize my child or ward, who is a registered student at hild or ward to travel to and from the classes in a private s travel. These risks include, but are not limited to, all vehicle, any and all injuries to my child or ward, and any avel. If my child is operating a vehicle, I certify that the properly licensed and that the legally required level of
	nild or ward is not an authorized agent of the Washington ge that my child is not authorized or required by the ansportation to any other student.
Education and the State of Utah and their ager agents and volunteers from any and all liability	unty School District, the Washington County Board of ncies, departments, officers, board members, employees, y, claims, damage, illness, attorney fees, or harm of any operty arising out of any and all activities associated with
from all liability, negligence or breach of warrar	nereby release the above mentioned entities and persons ity associated with injuries or damages from any claim by or assigns, arising from or in anyway connected with the
cover my child or ward's travel to and from	he contents or the foregoing language and I intend it to the school to his or her "School to Careers Program" to (date)
Name of Student	
Signature of Parent or Guardian	 Date