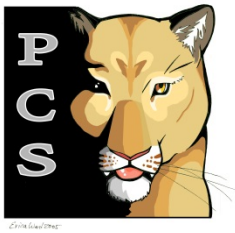

ACKNOWLEDGEMENT OF RESPONSIBILITIES FOR TRAVEL TO/FROM PACIFIC COLLEGIATE SCHOOL EXTRACURRICULAR ACTIVITIES

Parent/Guardian (Print) _____ **Student (Print)** _____

Student DOB _____ **Grade Level** _____ **Activity** _____

The Parent/Guardian (or the Student if he/she is eighteen (18) years of age or older) named above hereby acknowledges and agrees to the following:

- I consent to the Studentôs voluntary participation in extracurricular activities that are conducted off-site from the main campus, including but not limited to the former Natural Bridges School and Santa Cruz High School.

- I am fully responsible for the Studentôs mode of travel to/from Pacific Collegiate School (ñPCSò) to/from the extracurricular athletic activity located off-site. I understand that PCS does not provide transportation to/from extracurricular activities located off-site.

- I understand that PCS will not undertake the supervision of the Student once he/she has left the PCS main campus until such time that the Student arrives at the off-site location where the extracurricular activity is scheduled.

- If I or the Student transports others in a vehicle, I and/or the Student will be solely responsible for ensuring the vehicle is in good working order and is being operated in a safe manner. Further, I understand that I or the Student must carry sufficient vehicle insurance to remedy any injuries that I, the Student, or any third party may suffer due to my or the Studentôs operation of the vehicle.

- The Studentôs travel to/from off-site locations involves potential risks, including but not limited to the Student suffering serious personal injury (including death), and I (on behalf of the Student if the Student is under eighteen (18) years of age) hereby expressly assume any and all risks, known or unknown, anticipated or unanticipated, associated with the Studentôs travel to/from off-site extracurricular activities.

- I (on behalf of the Student if the Student is under eighteen (18) years of age) release, hold harmless, and will indemnify PCS, its officers, employees, agents and volunteers from any and all actions, liability, damages or expenses arising from or in any way related to the Studentôs travel to/from extracurricular activities.

- I have carefully read this document and I understand and agree to its terms.

Parentôs/Guardianôs Signature _____ **Date** _____

Studentôs Signature _____ **Date** _____