

**ACKNOWLEDGEMENT, RELEASE AND CONSENT FORM**

Group: \_\_\_\_\_

Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

I acknowledge that I have received written notice from the Mason City School District regarding the above referenced activity. I understand that the Mason City School District will be providing transportation to or from this activity. However, due to circumstances, my child will not be able to utilize this option. The person listed below will be providing transportation for my child for this activity.

 Person providing transportation: \_\_\_\_\_ ☐ Adult or ☐ Student

 Transportation will be provided by this person: ☐ To ☐ From ☐ Both

I understand that the operator of the motor vehicle who transports my child to this activity, whether it is me or someone else, will be acting purely in his or her private capacity and not under the supervision or control of the Mason City School District. Furthermore, I understand that the Mason City School District's insurance policy will not cover any accidents or injuries suffered during the transportation of my child to or from this activity.

I understand that, pursuant to the Mason City School District's Transportation Policy, my child will not be allowed to participate in the activity described above unless I sign this Acknowledgement, Release and Consent Form, and it is received by the Mason City School District no later than one school day before the date of the activity (listed above).

I acknowledge that I have read and fully understand this Acknowledgement, Release and Consent Form, and on behalf of me, my spouse (if applicable), my heirs, legal representatives and assigns, I hereby release the Mason City School District Board of Education, its individual members, agents, employees, representatives, and assigns from any and all potential liability, claims, demands, controversies, damages, actions and causes of action related to my child's transportation to or from the activity described above.

\_\_\_\_\_  
Parent / Guardian Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Student's Name – Please Print
 PLEASE SIGN AND RETURN THIS FORM TO \_\_\_\_\_  
(Teacher / Coach's Name)

 THIS FORM MUST BE RECEIVED BY NO LATER THAN \_\_\_\_\_  
(Day before activity)
\_\_\_\_\_  
TO BE COMPLETED BY THE MASON CITY SCHOOL DISTRICT

Received by \_\_\_\_\_ on \_\_\_\_\_