



Crater High School Athletic Department

Crater High School, 655 N. 3rd St, Central Point OR 97502
Athletic Director David Heard Phone 541.494.6386 ~ FAX 541.494.6286

DRIVING/RIDING PARENTAL AGREEMENT

I am the parent/legal guardian of _____ (“Student”). By signing and returning this form, I give my permission for Student to travel to and from the Crater High School campus, in the manner acknowledged below, for the purpose of participating in interscholastic athletics at one or more off campus sites such as Anhorn/Upton Rd. Fields, Twin Creek Park, Eagle Point Golf Course or any other off campus site necessary for athletic practice and/or contests.

Initial all that apply:

- Student may travel with another Crater High School student in a private vehicle _____
- Student will drive a private vehicle _____
- Student will drive a private vehicle and may transport other _____
- Crater High School Students whose parents/guardians have given consent _____

I understand that in connection with such travel, Student may be driving or being transported to and from these sites in a vehicle not owned or controlled by the Central Point School District (“the District”) and not driven by District personnel. I agree to release, indemnify and hold the District free and harmless from and against any liability, including but not limited to property damage, bodily injury, or personal injury, up to and including death, arising out of or relating to (i) if I have given consent above for Student to drive a private vehicle, the acts, or failure to act, of Student while Student is transporting to and from these off campus practice areas, and (ii) if I have given consent above for Student to be transported by another student, the acts, or failure to act, of such other student in transporting to and from these off campus practice areas.

If Student is going to be driving, I acknowledge and agree that I have, and will continue to maintain so long as Student is driving, at least the minimum liability insurance as required by Oregon law on the vehicle being driven and that Student is a named insured. The insurance is written with the following company:

NAME OF INSURANCE COMPANY

POLICY NUMBER

I agree and understand that the insurance on the vehicle is primary and that I will be solely responsible for any physical damage, repairs, and maintenance (including fuel costs) to said vehicle. I acknowledge that the District and Crater High School do not provide medical or liability insurance applicable to this transportation, and that any accidents, injuries or medical problems are strictly the responsibility of myself and/or Student.

I understand that Student's driving privileges to the athletic facility may be suspended for not following and obeying traffic laws or proper and safe driving behaviors.

PARENT/GUARDIAN

SIGNATURE

DATE

As a student driver I will follow the ODMV laws - **For first six months** you cannot drive with a passenger younger than 20 unless it is a member of the your immediate family - **For the second six months** you may not drive with more than three passengers who are younger than 20 who are not members of your immediate family.

DATE OF ODMV LICENSE

STUDENT DRIVER

SIGNATURE

DATE