



KAMEHAMEHA SCHOOLS

Permission for Alternative Transportation

Name of Student: _____

School or Educational Site: _____

Field Trip/Activity Name and Date(s): _____

I/We understand that the standard transportation method for students at Kamehameha Schools is via a KS approved school vehicle(s) from KS premises to the field trip/activity site(s) and back to KS premises. I/We request permission to make a change from this standard transportation method by the following method(s) **[please check all that apply]**:

_____ I /We will transport my/our child and sign him/her in/out at the field trip/activity site.

_____ I/We authorize my/our child who has a valid State of Hawaii motor vehicle driver's license to transport himself/herself and sign in/out at the field trip/activity site.

_____ I /We have designated another adult to transport my/our child and sign him/her in/out from the field trip/activity site.

Name of Responsible Adult: _____

In consideration for allowing me/us to deviate from KS' scheduled method of transportation, and on behalf of myself/ourselves, my/our personal representatives, my/our heirs, my/our assignees and my/our child, I/We (a) waive and release any and all claims against KS, and its Trustees, officers, directors, agents, representatives and employees, in both their personal and professional capacities. (collectively also "KS"), for injuries, liabilities, losses or damages connected with or arising out of my deviation from KS' scheduled method of transportation for my/our child; and (b) agree to indemnify, defend and forever hold harmless, KS from and against any and all claims, proceedings, injuries, liabilities, losses damages, and expenses including reasonable attorneys fees and costs, relating to the alternative transportation arrangements for my/our child.

Signature of Father/Legal Guardian

Date

Signature of Mother/Legal Guardian

Date

Signature of Student

Date