



## Community Service Release on Behalf of Minor and Hold Harmless Agreement

I hereby give permission for my child \_\_\_\_\_ to participate in the Community Service Program at Half Moon Bay High School, including any travel associated with that program.

Check all options your child may use to travel to and from a volunteer job:

- I will be responsible for my child's transportation.
- My child may use public transportation.
- My child may ride in a private vehicle driven by an adult volunteer, only if available. **(Adult volunteer drivers must show proof of adequate insurance according to Cabrillo Unified School District requirements.)**
- My child may drive solely him/herself. **(Any student must provide proof of a valid driver's license and insurance before being allowed to transport him/herself or other students for school related events.)**

\_\_\_\_\_  
Student's CA Driver's License Number

\_\_\_\_\_  
Insurance Carrier and Policy Number

- I give specific permission for my child/war to be driven to/from his/her volunteer job by the following under 18 year old person(s) \_\_\_\_\_ **(Students are not allowed to transport other students to and from school related events unless they are at least 18 years of age or specific approval has been given for a younger driver by parents of all passengers involved.)**

*In case of an injury of a minor nature, first aid should be administered by a responsible adult at the volunteer site. In case of medical emergency, the student should be placed in the care of a physician at the nearest medical facility.*  YES  NO

Alternate instructions \_\_\_\_\_

Emergency contact person and telephone number \_\_\_\_\_

*I hereby release all claims and agree to hold harmless the Cabrillo Unified School District, its officers, employees and volunteers for and from liability for personal injury, including physical and emotional injuries, and/or property loss/damage which my child may incur while he/she participates in the Community Service Program.*

THIS DOCUMENT IS INTENDED TO PROTECT THE CABRILLO UNIFIED SCHOOL DISTRICT, ITS OFFICERS, EMPLOYEES AND VOLUNTEERS FROM CLAIMS OF NEGLIGENCE (THE FAILURE TO USE REASONABLE CARE). THIS DOCUMENT IS NOT INTENDED TO PROTECT THE SCHOOL DISTRICT FROM LIABILITY FOR THE WILLFUL OR INTENTIONAL INJURY TO PERSON OR PROPERTY OF ANOTHER.

I have carefully read this agreement and fully understand its contents. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT AND THAT IT IS A LEGALLY BINDING CONTRACT BETWEEN THE ENTITIES IDENTIFIED ABOVE AND ME.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone Number