

District Office
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Willow River, MN 55795
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Elementary School Office
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Bill Peel, Principal
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High School Office
218-372-3131 x 285
Gregg Campbell, Principal
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Phil Johnson, Superintendent
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LIABILITY RELEASE FOR DRIVER TRANSPORTING OWN CHILD/STUDENT/SELF

This agreement must be signed each occasion.

Parent Providing Transportation - I am aware that in offering to drive my child in conjunction with this school activity trip to be taken on _____. I assume a personal and legal responsibility in the event of accident or injury. I understand that I must provide to ISD 577, prior to being allowed to drive, a copy of my current insurance, certificate for the vehicle, and my current driver's license information. I understand that ISD 577 will contact the Minnesota Department of Public Safety if an incident occurs. In the event that the incident does not comply with MN regulations, permission to transport my child for school field trips will be revoked by the School District. I understand that this agreement only allows me to transport my child(ren).

Date of Event: _____

Student Providing Transportation- My parents/guardians and I, are aware that in offering to drive myself in conjunction with this athletic event or field trip and I assume a personal and legal responsibility. We understand that I must provide to the District, prior to being allowed to drive, a copy of my current insurance, certificate for the vehicle, and my current driver's license information in order for a driving record check to be completed. We understand that the District will contact the Minnesota Department of Public Safety if an incident occurs. In the event that the incident does not comply with Minnesota regulations, permission to drive myself for school field trips will be revoked by the School District. We understand that this agreement allows me to transport myself only and that I am not allowed to transport other students for school related field trips.

Date of Event: _____

By signing below I agree to allow the School District to investigate my driving record and I accept the responsibilities outlined above. I realize that signing below may cause me to be held liable in the event of an accident or injury to the student(s) involved.

A copy of my driver's license and certificate of insurance will be on file in the School District files.

Driver/Student Name (printed)

Driver License Number

Expiration Date

Signature of Driver/Parent/Guardian

Date

OFFICE USE ONLY

Copy of Insurance Card Received

Driving Record Approved

Date: _____