



**Pathways Innovative Education
& Adult Education**
 2000 S. Mt. Charleston West
 Pahrump, NV 89048
 (775) 751-6822 Fax (775) 751-6829



School Transportation
Waiver & Release Form for Pathways Students

I, _____, hereby give my permission to **Pahrump Valley Public**
 (Parent Name)

Transit, to transport my child, _____ to/from **Pathways Innovative**
 (Student Name)

Education for the _____ / _____ academic year.

I understand that by allowing Pahrump Valley Public Transit to transport my child to/ from the above mentioned location, I agree to release the Nye County School District, its agents and employees, from and against any and all liability, loss, damages, claims or actions to maximum extent permissible by law, arising out of such transportation.

 Parent Signature Date

 Student Signature Date

 Admin. Signature Date