DCCTC Driver Waiver Form

Student Name: _____

Circle all that apply: **1st Semester** **Morning Session** **Afternoon Session**

2nd Semester **Morning Session** **Afternoon Session**

I give permission for my student to drive his/her vehicle to and from *Woodland High School* to the *Dorchester County Career and Technical Center (DCCTC)* during the above time frame(s). I understand that my student is expected to follow all applicable laws regarding driving a motor vehicle and is expected to follow the directions provided by Woodland High School and the DCCTC.

I recognize that by allowing my student to participate in the above mentioned activity, as with any activity involving motor vehicle transportation, my student may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I hereby release and _____ fully forever discharge Woodland
(student driver name)
High School, the Dorchester County Career and Technology Center, Dorchester School District 4, and all of its administrators, teachers and staff, supervisors, and agents, from liabilities, claims, demands, suits and causes of action of every kind in any way relating to or arising out of his/her participation in the above activity.

_____ _____ _____
(Parent/Guardian Signature) (Print Name) (Date)

_____ _____ _____
(Student Driver Signature) (Print Name) (Date)

_____ _____
(Administrator Signature) (Date)