## **MMI Preparatory School**

154Centre Street Freeland, PA 18224

(570) 636-1108 FAX (570) 636-0742

**Athletic Department** 

Vincent Vella, Athletic Director

## ASSUMPTION OF RISK ACKNOWLEDGEMENT AND RELEASE

## TRANSPORTATION PERMISSION FORM

Dear Parent/ Guardian:

or parents)

Some sports teams at MMI require the athlete to travel to and from practices and contest in private vehicles. The purpose of this form is to notify you and secure permission for the student-athlete to either drive or be a passenger in a vehicle operated by a student at MMI Preparatory School, a parent or guardian, or an adult associated with the School.

| a vehicle operated by a student at MMI Preparatory School, a parent or guardian, or an adult associated with the School.  |
|---|
| NAME OF STUDENT-ATHLETE   |
| SPORT IN WHICH STUDENT-ATHLETE PARTICIPATES:  |
| Please respond to all five of the following statements:   |
| 1. MY SON/ DAUGHTER <b>HAS/ DOES NOT HAVE</b> (circle one) PERMISSION TO DRIVE TO ATHLETIC EVENTS   |
| <ol> <li>MY SON/ DAUGHTER HAS/ DOES NOT HAVE (circle one) PERMISSION TO DRIVE ONE<br/>OTHER STUDENT TO ATHLETIC EVENTS         In keeping with PA law, MMI student drivers will be limited to carrying one passenger only     </li> </ol> |
| 3. MY SON/ DAUGHTER HAS/ DOES NOT HAVE (circle one) PERMISSION TO RIDE TO ATHLETIC EVENTS WITH OTHER STUDENT DRIVERS  Limit of one passenger per student driver   |
| 4. MY SON/ DAUGHTER <b>HAS/ DOES NOT HAVE</b> (circle one) PERMISSION TO RIDE TO ATHLETIC EVENTS WITH ADULTS ASSOCIATED WITH THE SCHOOL (e.g. coaches and/  |

5. MY SON *I* DAUGHTER **HAS/DOES NOT HAVE** (circle one) PERMISSION TO RIDE TO/FROM ATHLETIC EVENTS WITH A PARENT/GUARDIAN (must get coach's approval prior)

In consideration of MMI Preparatory School permitting my child to participate in the above mentioned activities and to be transported to and from them, I agree not to sue and I hereby release MMI Preparatory School, it's agents, employees, and Directors from any liability and all claims for personal injury, death, property damage, or losses sustained by me for medical expenses incurred arising from or related to the above activities.

| J/We have read, understand, and accept the aforementioned statements. |       |
|---|-------|
| Parent/Guardian Signature:  | Date: |