

Transportation Form ~ Duluth HS Wrestling Team  
Consent for child to ride in vehicle

**CONSENT FOR CHILD TO RIDE IN A VEHICLE DRIVEN BY AN ADULT**

I understand that the Gwinnett County Board of Education cannot provide transportation to and from **Wrestling** activities and agree to the following arrangements:

I agree for my daughter or son to participate in **Wrestling at Duluth High School** during the **2010-2011** season. I understand that from time-to-time she or he will ride in a privately owned automobile driven by an **ADULT** and will not be covered by Gwinnett County Board of Education Insurance.

Student's name (printed): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

**CONSENT FOR CHILD TO RIDE IN A VEHICLE DRIVEN BY A STUDENT**

I understand that the Gwinnett County Board of Education cannot provide transportation to and from **Wrestling** activities and agree to the following arrangements:

I agree for my daughter or son to participate in **Wrestling at Duluth High School** during the **2010-2011** season. I understand that from time-to-time she or he will ride in a privately owned automobile driven by a **STUDENT** and will not be covered by Gwinnett County Board of Education Insurance.

Student's name (printed): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

**Transportation Form ~ Duluth HS Wrestling Team  
Agreement to drive a vehicle to transport students**

**AGREEMENT FOR ADULT TO DRIVE A VEHICLE TO TRANSPORT  
STUDENTS**

I agree that I will drive students to participate in activities in **Wrestling at Duluth High School** during the **2010-2011** season. I am aware that I am liable for passengers in my automobile. I understand that I must maintain liability insurance coverage on my automobile for my own protection and possess a valid driver's license.

Driver's name (printed): \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

**AGREEMENT FOR STUDENT TO DRIVE A VEHICLE TO TRANSPORT  
STUDENTS**

I agree that my daughter or son will drive students to participate in activities in **Wrestling at Duluth High School** during the **2010-2011** season. I am aware that my daughter or son is liable for passengers in her or his automobile. I understand that I (or my daughter or son) must maintain liability insurance coverage on my (or her or his) automobile for my (or their) own protection and possess a valid driver's license.

Driver's name (printed): \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student