



STUDENT PARTICIPATION FORM

STUDENT NAME:		DATE OF BIRTH:	
TEACHER:		GRADE:	
STUDENT ALLERGIES:			

By initialing & signing below, I am granting permission for my child as named above to participate in the **Walking School Bus** hosted by Bester Community of Hope.

I understand and have reviewed the following with my child:

_____ Neighborhood Ambassadors are people who live in the neighborhood and help to create safe routes for students to get to school. They will meet students in designated areas only, will not go to individual homes and must follow the designated route.

_____ The group will begin walking to school on schedule to be sure they arrive at school on time. Neighborhood Ambassadors are not able to wait for students as it may make the entire group late for the day.

_____ Neighborhood Ambassadors strive to keep students safe as they walk to school. Students are expected to practice safe and respectful pedestrian behavior. Throughout the year, students will receive information on best practices for safety as a pedestrian.

_____ Students are also expected to be respectful to the Neighborhood Ambassadors as well as to other students and adults by following directions, using kind words, and being helpful. When students struggle with misbehavior, the parent will be contacted so we can work together to support continued participation.

_____ Participation in the Walking School Bus is voluntary. By completing this form, you grant permission for your child to participate and agree to the Waiver and Release of Liability as explained on the back of this form.

PARENT/ GUARDIAN:		PHONE NUMBER:	
ADDRESS:			
EMERGENCY CONTACT:		PHONE NUMBER:	

WAIVER AND RELEASE OF LIABILITY

In exchange of participation in the Walking School Bus, organized by Bester Community of Hope (BCOH) and its affiliates I hereby agree as follows:

1. I, and anyone claiming on my behalf, release and forever discharge BCOH and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature and kind, known or unknown, which I may have or claim to have against BCOH and its affiliates arising out of or relating to any injury, loss or damage to person and property that may be sustained as a result of my or my child's participation in the activity.
2. I understand that my (my child's) participation in the activity involves inherent risks, including risk of physical injury, pain, suffering illness, disfigurement, temporary or permanent paralysis and/or death, and I assume all related risks and voluntarily allow my child to participate in the activity.
3. I agree to indemnify BCOH and its affiliates any and all claims, actions, lawsuits, damages and judgments, including attorney's fees, arising out of or relating to my child's participation in the activity.
4. I understand that as part of my (my child's) participation, photos, videos, electronic images, audio recordings and quotations of my child may be taken for use in publications and reports about the program. I grant permission for use of such materials. I understand that if I do not agree wish to grant permission of use, I must submit so in writing.
5. I grant permission to BCOH and its affiliates to administer general first aid treatment for any minor injuries or illnesses. If the injury or illness is life threatening or in need of emergency treatment, I authorize BCOH and its affiliates to summon any and all professional emergency personnel to attend, transport, and treat the minor. I agree to assume financial responsibility for all expenses of such care.

PARENT/ GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY

DATE RECEIVED: _____