



**Samspra Academy Pick Up/ Drop Off**

**And Transportation Waiver of Liability & Hold Harmless Agreement**

**Please sign, date, and return this form to the school Office a minimum of 24 hours prior to departure. (If you are picking up your child post activity, the 24-hour requirement is not needed, but this form must be filled out.)**

Out of my own will and need, I assign below person(s) as my child’s authorized pick up/ drop off person or releases to transport my child (ren) to and from from the school. I understand this service is offered as a goodwill and for the convenience of my own transportation and convenience.

- I hereby release, waive, discharge and covenant not to sue Samspra Academy, and its individual members, owners, officers, agents, servants, or employees (hereinafter referred to as releasees) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my minor child(ren) or me, or any of the property belonging to me, as result of, or in any way arising out of my child(ren) traveling to and or from Samspra Academy or School sponsored activities or Field trips in a vehicle or vehicles not owned or operated by Samspra Academy
- I voluntarily assume full responsibility for any risks of loss.
- I further hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs incurred due to my child(ren) traveling to and or from School sponsored activities in a vehicle that is owned or vehicles not owned or operated Samspra Academy
- I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed and enforced in accordance with the laws of the state of Texas

In doing so, I acknowledge

o Samspra Academy will not be providing supervision of my child while traveling.

o Granting permission for my child(ren) to travel to and or from the school.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed.

**Note: School does not have medical insurance, liability insurance or school vehicle insurance coverage for my child for Transportation to and /or from school transportation and that that I am fully responsibilities for any expenses that arises out of child(ren) traveling to Samspra Academy with the below persons:**

Student Name	Pick up/drop off by	Releases’ contact	Parent Name	Parent Signature
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dated: \_\_\_\_\_

Valid From \_\_\_\_\_ to \_\_\_\_\_