



*St. Matthew's Episcopal Day School
 8134 Mesa Drive
 Austin, Texas 78759
 (512)345-3040*



PRIVATE TRANSPORTATION REQUEST AND RELEASE

We (I) are the parent(s), legal guardian(s) of _____, a student at St. Matthew's Episcopal Day School. We (I) hereby request that the student named above be included to travel on scheduled class excursions.

We (I) acknowledge that St. Matthew's Episcopal Church, St. Matthew's Episcopal Day School, its board, employees and parents have exercised ordinary care in their choice of transportation and have exercised ordinary care to ensure that the transportation is safe. We (I) further acknowledge that we have the option to provide our own transportation method. In consideration for the inclusion of the above named student an class excursions, we hereby waive, release and discharge St. Matthew's Church, St. Matthew's Episcopal Day School, its board, its employees and St. Matthew's parents from any claim, demand or cause of action arising out of said transportation and covenant not to sue St. Matthew's Church or St. Matthew's Episcopal Day School for any loss, damage, or injury sustained by us (me), or by our child, the above mentioned student, in connection with such transport.

 Signature of Mother

 Date

 Signature of Father

FIELD TRIP DRIVER INSURANCE FORM

 Driver's Name

 Driver's License Number

 Insurance Carrier

 Driver's License Expiration

PLEASE FILL THIS PORTION OF THIS FORM OUT WHETHER YOU INTEND TO DRIVE OR NOT.

PLEASE ATTACH A XEROX COPY OF YOUR TEXAS LIABILITY INSURANCE CARD.