

# STUDENT TRANSPORTATION RELEASE FORM



Child's Name:

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Address:

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Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) or Guardian(s):

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Cell Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

This form acknowledges that my child may be picked up by Sargent Strings Music.

Students will walk with instructor. If weather is an issue, student has permission to ride in a vehicle, with seatbelts, to Sargent Strings Music.

If the behavior of my child becomes an issue, I acknowledge that he or she may be asked to find alternative transportation to the music studio.

I/We assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless Sargent Strings Music nor shall any of said persons be held financially responsible for any injury, illness or death as a direct or indirect result of transportation to the school.

I/We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. We understand that Sargent Strings does have liability insurance but there is no medical insurance provided by Sargent Strings.

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Printed Name & Signature of Parent(s) or Guardian(s) Date

\*This agreement is in effect until cancelled via written notice from the above stated Parent(s) or Guardian(s).