



Agreement for Private Pay Transportation Agreement 2017-18

INSTRUCTIONS: Parents should fill out this form and submit it to the Swallow School office for approval. Once Dousman Transport, Inc. has determined space is available for a private pay student, the Swallow School office will confirm approval with the parent. The parent should then remit a check for the full payment amount to the Swallow School District, W299 N5614 County Road E, Hartland, WI 53029.

I, _____, parent or legal guardian of the following child(ren):

Child's name _____ **Age** _____ **Grade** _____

Child's name _____ **Age** _____ **Grade** _____

Child's name _____ **Age** _____ **Grade** _____

whose primary residence is _____ request the school district provide transportation of said child(ren) for the second semester of the 2017-2018 school year to Swallow School.

In consideration for providing said transportation under this agreement the parent or guardian listed above shall pay the sum of **\$180.50** per semester for each of the above named child(ren). Payment shall be made in advance and may be refunded in part only if the school district removes the child from the bus due to an overload of the bus. No refunds will be made for any other reasons.

WAIVER AND RELEASE: In consideration for the Swallow School District and Dousman Transport, Inc. providing transportation services to and from school, we, the student(s) and parent(s) or guardian(s), each agree to the following:

1. That we fully understand the services to be provided under this Transportation Agreement and the risks associated with those services.
2. That the student(s) shall have proper and adequate supervision before and after school, to and from the student's home and the bus stop, and while the student(s) waits for the bus.
3. That we agree to release from liability, hold harmless, indemnify and waive our right to sue the Arrowhead High School District, the Swallow School District, and its administrators, directors, school board members, agents, servants, teachers, chaperones, supervisors, volunteers, or bus drivers (collectively "AUHSD"), for all claims or damages, we separately or collectively may have, for personal injury, bodily harm, death, injury to or loss of property, emotional injury or loss of consortium, that may occur in connection with, arising from or by reason of this transportation agreement, whether caused by negligence or

otherwise. We understand that we are not releasing the AUHSD from liability for claims or damages arising from a reckless or intentional act of the AUHSD.

4. That we further agree to release from liability, hold harmless, indemnify and waive our right to sue Dousman Transport, Inc., and its employees, agents, or servants, for all claims or damages, we separately or collectively may have, for personal injury, bodily harm, death, injury to or loss of property, emotional injury or loss of consortium, that may occur in connection with this transportation agreement, whether caused by negligence or otherwise. We understand that we are not releasing the Dousman Transport, Inc. from liability for claims or damages arising from a reckless or intentional act of the Dousman Transport, Inc.
5. We understand that this release applies to the students named below, his, her or their parent(s) or guardian(s), and their representatives, heirs, and assigns.
6. We have read this form in its entirety and understand and agree to the terms above.

IMPORTANT: DO NOT SIGN THIS WAIVER AND RELEASE UNLESS YOU FULLY UNDERSTAND THAT YOU ARE RELEASING THE ABOVE PARTIES FROM CLAIMS OR DAMAGES, INCLUDING THOSE ARISING FROM NEGLIGENCE.

Dated this _____ day of _____, 20_____.

Parent / guardian signature #1

Parent / guardian signature #2

Printed Name

Printed Name

Submit completed agreement to the Swallow School office. Upon approval, you will be asked to send in your check made payable to the Swallow School District, W299 N5614 County Road E, Hartland, WI 53029.

Office Use:

Dousman Transportation		
Transportation request meets eligibility requirements of school board policy.	Signed:	Dated:
Route Number:	Pick Up Location:	Time:
Date to begin transportation service:		

Swallow School District		
Accepted by:	Date:	Payment Rec'd: