

**STUDENT DRIVING A NON-DISTRICT VEHICLE TO AN ALTERNATIVE  
EDUCATIONAL SETTING LOCATION,  
INCLUDING PROOF OF INSURANCE COVERAGE AND WAIVER OF ANY AND  
ALL LIABILITY AGAINST THE WEST SENECA CENTRAL SCHOOL DISTRICT**

I am the parent / legal guardian of \_\_\_\_\_ (“Student”), a student at the West Seneca Central School District, (“District”) who attends school at an alternative location outside of a District building for at least part of the school day. By my signature below, I authorize Student to travel in a vehicle not owned or operated by the District to/from an educational setting that is not located within a District building, subject to the terms and conditions stated in this Form.

I understand and acknowledge that the District provides Student transportation, in accordance with Board of Education Policies #5720 and #7340, to and from the location of the alternative educational setting to which Student has been assigned and/or has elected to attend school.

I certify that on each date on which Student uses non-District owned or operated transportation to travel to/from the alternative educational setting, all of the following conditions are satisfied: (1) Student has a valid New York State Driver’s License to operate the vehicle which Student is driving; (2) the vehicle Student is operating has been properly inspected and has passed State inspection; (3) the vehicle is properly registered in a State to safely operate on the public streets located in the State of New York; (4) the Student has insurance coverage in place that covers property damage, bodily injury, and death to himself and others. I further agree to provide the District with the name and policy number of the automobile insurance coverage below, and to timely produce a copy of the automobile insurance policy, if requested by the District (if during the course of a school year, this insurance information changes or lapses, I agree to

Additionally, by executing this waiver of claims, I agree to fully release the District from any and all claims that I or the Student may have as a result of any personal injury to Student and/or anyone else caused, in whole or in part, by Student operating a non-district owned or operated vehicle to travel to/from an alternative educational setting location as described above.

Further, I grant permission for any other District student to ride with Student to/from the alternative educational setting location, provided doing so is in accordance with the laws of the State of New York.

Finally, if any passenger in Student's car or anyone else makes a claim against the District alleging that Student and/or Student's vehicle caused property damage and/or injury or death while Student was traveling to/from and alternative educational setting location, I agree to defend and indemnify the District against any/all such claims, and to promptly notify my insurance carrier(s) of any/all such claims.

\_\_\_\_\_  
**Parent/ Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/ Guardian's Name (*Printed*)**

**Automobile Insurance Carrier:** \_\_\_\_\_

**Automobile Insurance Policy Number:** \_\_\_\_\_