



Walking School Bus Student Consent Waiver/Registration Form *(optional)*

[YEAR] School Year

If you would like your student to join our Walking School Bus (WSB), please complete and return this form to _____ **[ORGANIZER CONTACT NAME]** by _____ **[DATE]**.

If you have any questions, please contact **[NAME AND CONTACT INFORMATION]**.

PARTICIPANT DETAILS

STUDENT LAST NAME	FIRST NAME	AGE/GRADE	PARENT CELL PHONE

2. Potential Risks: A WSB is intended to reduce the risk of injury to students as they travel to and from school through the use of adult supervision. However, there are risks associated with student pedestrians. These specific risks include injury as a result of motor vehicle crashes, falls, overexertion, or carelessness. **[SCHOOL DISTRICT]** does not assume responsibility for the safety of walking or bicycling routes and encourages families to decide whether the recommended WSB route is suitable for their children.

3. Voluntary Consent: I certify that I have read this consent form or it has been read to me and that I understand the program and its risks. A copy of this consent form will be given to me. By signing this consent form, I agree to allow my child to participate in the WSB program.

OPTIONAL 4. Photo Release: I authorize the **[SCHOOL DISTRICT]** and its affiliates to photograph, film, audiotape, or otherwise record and/or interview (collectively, "Materials") myself and my child(ren). Further, I agree that such Materials may be used, with or without names, in any publications, presentations, websites or other media form, whether now or hereafter known, for any purpose appropriate in the view of **[SCHOOL DISTRICT]**, in its sole discretion. I further understand and agree that I have no rights in the Materials, and that these Materials may be edited, used, published, distributed, and/or licensed by **[SCHOOL DISTRICT]** now or at any time in the future, for the purposes set forth above. I waive all right to inspect or approve the use of the Materials, now or in the future.

Minor's Full Name (Print): _____

Relationship to person completing this form: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Parent or Guardian Signature: _____ Date: _____