

**PARENTAL AUTHORIZATION &ACKNOWLEDGEMENT OF RISK ATHLETIC PROGRAM (STUDENT DRIVER/PASSENGER)**

I, \_\_\_\_\_, give permission for my son/daughter, \_\_\_\_\_, to be a passenger in a vehicle operated by another student (designated driver), for the purpose of driving to and from athletic practices, competitive meets, and or team function during the \_\_\_\_\_ (i.e. 2017-2018 school year) sport season.

I, \_\_\_\_\_, give permission for my son/daughter, \_\_\_\_\_, to operate a personal passenger vehicle (designated driver) for the purpose of driving team members to and from athletic practices, competitive meets, and/or team functions during the \_\_\_\_\_ (i.e. 2017-2018 school year) sport season.

My son/daughter (by signature below) agrees to abide by these terms and understands that any deviation will automatically revoke this authorization and will place his/her position and status at risk on the \_\_\_\_\_ TEAM.

My son/daughter agrees to travel **ONLY** directly to and from practices, meets, and other team functions.

This permission may be revoked at any time by contacting the Head Coach, the Director of Athletics, or the Principal, at West Broward High School.

**DRIVER INFORMATION**

**STUDENT NAME:** \_\_\_\_\_

**OPERATOR'S LICENSE NO.:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**EXPERIATION DATE:** \_\_\_\_\_

**INSURANCE INFORMATION**

**OWNER OR LESEE OF INSURED VEHICLE:** \_\_\_\_\_

**INSURER:** \_\_\_\_\_

**VEHICLE MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_

Florida statute 324.021 requires **PROOF OF FINANCIAL RESPONSIBILITY** – That proof of ability to respond in damages for liability on account of accidents arising out of the use of a motor vehicle:

- a) In the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident.
- b) Subject to such limits for one person, in the amount of \$20,000 because of bodily injury to, or of two or more persons in any one accident.

- c) In the amount of \$10,000 because of injury to, or destruction of property of others in any one accident.

I hereby attest the statements made above are true and I authorize my son/daughter to utilize the type of transportation identified below for this season. (Please place a check ✓)

Drive own car:\_\_\_\_\_ Drive Family car:\_\_\_\_\_ Drive car & carry passengers including fellow students (with fellow students parents written authorization):\_\_\_\_\_

I hereby give consent for my child/ward to drive to any FHSAA recognized or sanctioned event. With full understanding of the risks involved, I release and hold harmless, the School District of Broward County, West Broward High School, their employees, and WB Bobcats Baseball Booster Club, Inc., and of any and all responsibility and liability for any injury or claim resulting from my allowing my son/daughter to drive, or be a passenger and agree to take no legal action against them because of any accident or mishap. I know that by signing this form we are *giving up our right to recover from West Broward H.S., its' employees, WB Bobcats Baseball Booster Club, Inc., and the School Board of Broward County* for any personal injury, including death, or any property damage that results.

Signed:\_\_\_\_\_ Date:\_\_\_\_\_  
Student Signature

Signed:\_\_\_\_\_ Date:\_\_\_\_\_  
Parent/Guardian Signature

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_, by \_\_\_\_\_

Signature of Notary Public of State of Florida

\_\_\_\_\_  
(Print, Type or Stamp Commissioned Name of Notary Public)

Personally known:\_\_\_\_\_

Produced Identification: ☐ YES ☐ NO

☐ Type of Identification:\_\_\_\_\_