

Yreka Union High School  
400 Preece Way, Yreka, CA 96097  
(530) 842-6151 Fax: (530) 841-0740

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**Permission by Parent for Student to Ride Home  
from School Activity with Adult Person**

I, \_\_\_\_\_, the undersigned parent of  
(Name of Parent/Legal Guardian)

\_\_\_\_\_, hereby authorize the Yreka Union  
(Name of Student)

High School District to release my child to ride home from the

\_\_\_\_\_ with \_\_\_\_\_  
(Name of Activity) (Name of person 21 or older)

on \_\_\_\_\_.  
(Date of Activity)

I agree to and do hereby indemnify and hold harmless the Yreka Union High School District, its officers, agents and employees from every claim or demand made, from every liability, loss, damage or expense, of any nature whatsoever, which may be incurred by reason of my child riding home with the above named adult.

The undersigned acknowledges that the driver is not driving on behalf of or as an agent of the District. Further, the undersigned understand that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

**IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**This form must be in the high school office at least one day prior to the scheduled activity. This form must be validated by a telephone call from the parent to the principal, athletic secretary, or athletic director. If the parent does not call and validate this form, the student will not be released and will be required to ride home in school transportation.**

For office use only:

Parent telephone call received

Date: \_\_\_\_\_

Time: \_\_\_\_\_

By: \_\_\_\_\_