

**DRIVER RELEASE FORM**

**Driver's Full Name (print):** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street address City State Zip

**A. Authorization to Consent to Medical Treatment**

In the event I become ill or injured at a school related event, Texas Center for Arts + Academics (TCA+A) is authorized to take me to a local hospital and give consent for emergency care.

Local emergency contact numbers, if needed:

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

\*TCA+A is not financially responsible for emergency care or transportation.\*

**B. Release of Liability:** I certify that I understand by initialing each statement the following:

- \_\_\_ I understand that I must submit a color copy of my driver license to the transportation coordinator with this form.
- \_\_\_ I understand that by participating in school related events and driving a TCA+A vehicle I could be exposed to the risk of serious injury, including but not limited to injuries such as sprains and fractures, and injuries that could result in brain damage, paralysis, or even death.
- \_\_\_ I understand that some activities have a higher risk factor than others.
- \_\_\_ I understand that while attending a school related event and driving a TCA+A vehicle, it is unlawful to possess or distribute controlled substances or medicines of any kind and/or use alcohol, tobacco, or E-Cigarettes in any form.
- \_\_\_ I understand that while driving a TCA+A vehicle I will be held responsible for any traffic violations I receive, including fees (speeding ticket, failure to come to a complete stop, etc.)
- \_\_\_ I understand that TCA+A at 3901 S. Hulen St, Fort Worth, TX 76109 does not assume any responsibility in case an accident occurs.
- \_\_\_ I HEREBY WAIVE ALL CLAIMS, AND I RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS TCA+A, its Board of Directors, Officers, President & CEO, Directors, Administrators, faculty, staff, employees, agents, and invitees together with all persons, including parents of students of TCA+A assisting with any phase of such activities and trips from any and all liability claims, suits, demands or causes of action, including all expenses of litigation and/or settlement, which may arise in connection with such activities and trips, including any accident or injury suffered while involved in such activities and trips.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

**NOTARIZATION REQUIRED:**

Subscribed and sworn before me, on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Name

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

Notary Seal: