

**Agreement for Private Pay Transportation Services 2018-2019**

**INSTRUCTIONS:** Dousman Transport, Inc. will determine eligibility for private pay transportation service in accordance with School Board policy and send this partially completed to the parent/guardian. Parent/guardian is to complete the form and send to the Hartland Lakeside School District, Attn: Michele Davis, 800 E. North Shore Drive, Hartland, WI 53029.

I, \_\_\_\_\_, parent or legal guardian of the following child(ren):

Child's name _____	Age _____	Grade _____
Child's name _____	Age _____	Grade _____
Child's name _____	Age _____	Grade _____

whose primary residence is \_\_\_\_\_  
request the school district provide transportation of said children for the \_\_\_\_\_  
school year to (name of school) \_\_\_\_\_

In consideration for providing said transportation under this agreement the parent or guardian listed above shall pay the sum of **\$462.00** (18-19 rate) for the above named child(ren). Payment shall be made in advance and may be refunded in part only if the school district removes the child from the bus due to an overload of the bus. No refunds will be made for any other reasons.

**WAIVER AND RELEASE:** In consideration for the Hartland Lakeside School District and Dousman Transport, Inc. providing transportation services to and from school, we, the student(s) and parent(s) or guardian(s), each agree to the following:

1. That we fully understand the services to be provided under this Transportation Agreement and the risks associated with those services.
2. That the student(s) shall have proper and adequate supervision before and after school, to and from the student's home and the bus stop, and while the student(s) waits for the bus.
3. That we agree to release from liability, hold harmless, indemnify and waive our right to sue the Hartland Lakeside School District, and its administrations, directors, school board members, agents, servants, teachers, chaperones, supervisors, volunteers, or bus drivers for all claims or damages, we separately or collectively may have, for personal injury, bodily harm, death, injury to or loss of property, emotional injury or loss of consortium, that may occur in connection with, arising from or by reason of this transportation agreement, whether caused by negligence or otherwise. We understand that we are not releasing the Hartland Lakeside School District from liability for claims or damages arising from a reckless or intentional act of the Hartland Lakeside School District.
4. That we further agree to release from liability, hold harmless, indemnify and waive our right to sue Dousman Transport, Inc., and its employees, agents, or servants, for all claims or damages, we separately or collectively may have, for personal injury, bodily harm, death, injury to or loss of property, emotional injury

or loss of consortium, that may occur in connection with this transportation agreement, whether caused by negligence or otherwise. We understand that we are not releasing the Dousman Transport, Inc. from liability for claims or damages arising from a reckless or intentional act of the Dousman Transport, Inc.

5. We understand that this release applies to the students named below, his, her or their parent(s) or guardian(s), and their representatives, heirs, and assigns.
6. We have read this form in its entirety and understand and agree to the terms above.

**IMPORTANT: DO NOT SIGN THIS WAIVER AND RELEASE UNLESS YOU FULLY UNDERSTAND THAT YOU ARE RELEASING THE ABOVE PARTIES FROM CLAIMS OR DAMAGES, INCLUDING THOSE ARISING FROM NEGLIGENCE.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Parent / guardian signature #1

\_\_\_\_\_  
Parent / guardian signature #2

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Payment Options:		
Option 1:		
<input type="checkbox"/> Efunds	<input type="checkbox"/> Full payment	<input type="checkbox"/> Partial payment (\$_____) Following payment dates: _____
Option 2:		
<input type="checkbox"/> Check enclosed	<input type="checkbox"/> Full payment	<input type="checkbox"/> Partial payment (\$_____) Following payment dates: _____

*Mail completed agreement with check made payable to the Hartland Lakeside School District, Attn: Michele Davis, 800 E. North Shore Dr. Hartland, WI 53029.*

Transportation request must meet eligibility requirements of school board policy.

\_\_\_\_\_  
Dousman Transport Company, Inc.

\_\_\_\_\_  
Date

Pick up location \_\_\_\_\_ Route # \_\_\_\_\_ Time \_\_\_\_\_

Accepted by:

\_\_\_\_\_  
Hartland Lakeside School District

\_\_\_\_\_  
Date