[AFFIDAVIT](http://sturgischarterschool.org/students/documents/StudentDriverPermission.pdf" \l "page=1" \o "Page 1)

[Participant’s Use of Alternate Transportation](http://sturgischarterschool.org/students/documents/StudentDriverPermission.pdf" \l "page=1" \o "Page 1)

I do hereby extend permission for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who **Student’s Name**

is currently a participant in the Upward Bound program at South Arkansas Community College, **to drive** his/her personal or family vehicle or to ride with\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I do hereby extend permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who

Is currently a participant in the Upward Bound program at South Arkansas Community College, to drive his/her personal or family vehicle **or to ride with** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Alternate Driver to and from the College Campus while attending the Upward Bound program. I understand that the vehicle is to be parked upon arrival at the campus and must remain so until the meeting has concluded. I further understand that it is my responsibility to provide insurance coverage(s) essential to facilitate this procedure. Additionally, in the event of an accident, neither the college, the Upward Bound program, nor the vehicle owner/operator is liable for any mental or physical injuries, damages, or cost incurred from the accident.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**Print Name of Student Driver Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Print Name of Student Rider Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Print Name of Parent/Guardian Driver Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**Print Name of Parent/Guardian Rider Signature Date**