



## Agreement for Private Pay Transportation Service 2024-2025

**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. The parent/guardian is to complete the form and send it to the Lake Country School District, 1800 Vettelson Road, Hartland, WI 53029 with a check in full payment of the amount specified.

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: \_\_\_\_\_

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

whose primary residential address is \_\_\_\_\_  
request the school district to provide transportation for said children for the 2024-2025 school year to Lake Country School.

In consideration for providing said transportation under this agreement the parent or guardian listed above shall pay the sum of \$370.00 per name child above. 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 of the Lake Country 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. We fully understand the services to be provided under this Transportation Agreement and the associated risks.
2. 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. We agree to release from liability, hold harmless, indemnify, and waive our right to sue the Arrowhead High School District, the Lake Country School District, and its administrations, directors, school board members, agents, servants, teachers, chaperones, supervisors, volunteers, or bus drivers (collectively "AUHSD"), 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 AUHSD from liability for claims or damages arising from a reckless or intentional act of the AUHSD.

4. 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 Dousman Transportation, Inc. from liability for claims or damages arising from a reckless or intentional act of Dousman Transportation, Inc.
5. We understand that this release applies to the students named, 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

**Mail the completed agreement and a check made payable to the Lake Country School District, 1800 Vettelson Road, Hartland, WI 53029.**

\_\_\_\_\_  
Transportation request meets eligibility requirements of school board policy.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Accepted by:

\_\_\_\_\_  
Administrator, Lake Country School District

\_\_\_\_\_  
Date