

SABINAL INDEPENDENT SCHOOL DISTRICT DRIVER RELEASE FORM

NOTICE: THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE AND INDEMNIFICATION AGREEMENT. IF YOU HAVE ANY QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU ARE ENCOURAGED TO CONSULT LEGAL COUNSEL.

I, _____, am the driver of the vehicle transporting the trailer (“Trailer”) owned by the Sabinal Independent School District (the “District”) on _____ [date].

I understand and agree that any insurance carried by the District does not cover personal injury to me or damage to my property while I am transporting the Trailer.

For and in consideration of the benefits provided by the District in the Lease and other good and valuable consideration, I hereby release and discharge the District, its administrators, employees, officers, trustees, agents, representatives, volunteers, successors, heirs and assigns, all both in their official and in their individual capacities, from any and all claims or causes of action for personal injury or property damage to me, caused by, arising out of or in any way related to the transportation of the Trailer.

THIS RELEASE EXPRESSLY EXTENDS TO ALL CLAIMS OR CAUSES OF ACTION OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF THE DISTRICT, ITS ADMINISTRATORS, EMPLOYEES, OFFICERS, TRUSTEES, AGENTS, REPRESENTATIVES, VOLUNTEERS, SUCCESSORS, HEIRS AND ASSIGNS, ALL BOTH IN THEIR OFFICIAL AND IN THEIR INDIVIDUAL CAPACITIES, OR ANY OTHER PERSON OR ENTITY, WHETHER BY ACT OR OMISSION. I ALSO AGREE AND COVENANT TO NOT SUE THE DISTRICT, ITS ADMINISTRATORS, EMPLOYEES, OFFICERS, TRUSTEES, AGENTS, REPRESENTATIVES, VOLUNTEERS, SUCCESSORS, HEIRS AND ASSIGNS, ALL BOTH IN THEIR OFFICIAL AND IN THEIR INDIVIDUAL CAPACITIES, FOR SUCH CLAIMS OR CAUSES OF ACTION.

I further agree to indemnify and hold harmless the District, its administrators, employees, officers, trustees, agents, representatives, volunteers, successors, heirs and assigns, all both in their official and in their individual capacities, from any damages or loss arising from any claim or cause of action for personal injury or property damage asserted by me.

I UNDERSTAND AND AGREE THAT THIS RELEASE AND INDEMNIFICATION BINDS ME, MY ASSIGNS, MY PERSONAL REPRESENTATIVES AND MY HEIRS.

DATE: _____, 20__.

Printed Name: _____