Vista Ridge High School

"Preparing students to be the best for the world"

DIRECTIONS AND CONSENT FOR VOLUNTEER DRIVERS FOR September 16, 2026

Thank you for volunteering to participate in the first annual VRHS Homecoming Parade:

Club/Organization you are driving:_____

INSTRUCTIONS FOR DRIVERS: Motor Vehicles (Cars/Trucks) licensed for Texas Highways

1. **All Passengers:** all passengers must adhere to the Texas seatbelt law. No one will be allowed to sit on the top back seat of the convertible without proper restraints when the car is in motion. Students riding behind in trailers or pickups need to provide the authorized driver with signed parent consent form. A copy of the consent form is provided on the back of this form.

2. **Vehicles/Insurance:** all participating vehicle owners/drivers shall provide LISD with a copy of a valid driver's license and auto insurance card with at least the state's limits of $25,000/$50,000/$25,000 and showing the name of the issuing agency and phone number. This should be provided before the parade, but we will have forms available at the event, too.

3. **Parent consent** for student to ride with volunteer driver and vehicle. The students have been provided the form and you should have a signed copy on hand for all of your student riders.

Please collect and give all of the consent forms to the Parade Proctor at the start of the parade.

INSTRUCTIONS FOR NON-MOTORIZED PARTICIPANTS: (walking, golf-carts, pedal vehicles, etc.) No special requirements.

Hold Harmless Agreement

I understand that participation in the VRHS Homecoming Parade involves a certain degree of risk to myself or my vehicle. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Leander ISD, the activity sponsors, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant/DRIVER's NAME _____ Date _____
Parent/DRIVER's printed name _____ AUTO INSURANCE PROVIDER: _____ Policy No._____ Emergency Contact Information: Name:_____ Phone Number:_____