PART I: VOLUNTARY CONSENT, RELEASE AND INDEMNITY AGREEMENT

For and in consideration of permitting to be transported by wheelchair on a school district vehicle or tram for the Chaffey College School District during the current school year, I, ________________________________, for myself, my personal representatives, heirs, next of kin, spouse and assigns, executors and administrators,

DO HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the School District, its officers, employees and agents (all hereinafter collectively referred to as "Releases") from any and all claims and liability arising out of strict liability or ordinary negligence of Releases which causes the above-named student and/or the undersigned injury, death, damages or property damage. The undersigned agrees that in the event any claim for injury, death, damages or property damage shall be prosecuted against the Chaffey College School District, the undersigned shall indemnify and save harmless the same Chaffey College School District from any and all claims or causes of action by, whomever or wherever made or presented for injury, death, damages or property damage.

2. ACKNOWLEDGE that the undersigned has been advised that the wheelchair used by the above-named student is not an approved seat for transport on a vehicle and UNDERSTAND that use of such a wheelchair for transportation contains DANGER AND RISK OF INJURY OR DEATH. The undersigned VOLUNTARILY ELECTS TO ACCEPT ALL RISKS connected with the transportation of the above-named student by wheelchair in any school district vehicle.
3. AGREE that he/she has read the foregoing two paragraphs, has been fully and completely advised of the potential dangers incidental to allowing the transportation of the above-named student by wheelchair in any school district vehicle and is fully aware of the legal consequences of signing the within instrument.

THE UNDERSIGNED HAS READ THIS DOCUMENT AND UNDERSTANDS IT IS A RELEASE OF ALL CLAIMS. THE UNDERSIGNED UNDERSTANDS HE/SHE VOLUNTARILY ASSUMES ALL RISK ARISING OUT OF THE TRANSPORTATION OF THE ABOVE-NAMED STUDENT BY WHEELCHAIR IN ANY SCHOOL DISTRICT VEHICLE.

THE UNDERSIGNED VOLUNTARILY SIGNS HIS/HER NAME EVIDENCING ACCEPTANCE OF THE ABOVE PROVISIONS.

NAME: _________________________ SIGNATURE: ____________________________

PARENT/GUARDIAN: ______________ SIGNATURE: ____________________________

DATE: _______________ TIME: ____________ TECH: __________________________
PART II: ORIENTATION

1. Wheelchairs can only be used for transport on campus.

2. Chairs are only to be used by the DPS students requesting them.

3. DPS staff will not take chairs to students' cars or accept phone calls for wheelchair delivery and pick-up. The student requesting the chair must come in person to the DPS office. Wheelchairs are due back by 4:00pm unless other arrangements have been made.

4. Smoking in wheelchairs is strictly prohibited to protect both the safety of the passenger and the functionality of the equipment.

5. Hygiene accidents should be reported to the DPS office as soon as possible.

6. The wheelchairs are only equipped to carry the maximum weight of 200-250 lbs.

7. Extremely heavy book bags etc. are not permitted to be hung on the back of the wheelchairs.

8. Speeding, racing, crashing and/or any other inappropriate behavior will result in the loss of service.

9. In case of any mechanical problems call DPS at extension 2380.

By signing below, I acknowledge receiving the above orientation and understood it.

_________________________________    _____________  ___________  _________
Student's Name (please print)   Chaffey ID#    Date        School Year

_________________________________    ___________________________________
Student's Signature    Resource Specialist/Tech Signature
PART III: TRAINING

1. Instruction on wheelchair controls:
   - □ on/off switch
   - □ direction control
   - □ speed control
   - □ foot rests
   - □ seat belts

2. Instruction on wheelchair maneuvers:
   - □ determining proper speed based on conditions
   - □ wide turns
   - □ sharp turns
   - □ tight turns
   - □ using Reverse

The DPS Tech trainer acknowledges with his/her signature that the student above has satisfactorily demonstrated an understanding of the controls and their functions and an ability to properly control the wheelchair as prescribed in the orientation.

DPS Tech Trainer Signature: _______________________________________________

Date: ________________________________ Time: ____________________________

Comments: _____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________