



Owatonna Activities Department

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TRAVEL RELEASE FORM

DATE _____

This is to certify that _____ has my permission to ride (to/from/both) the
Student name

_____ event on _____ at _____
Sport/Activity Date Location of event

☐

I certify that I am personally transporting the above named student and that I am the legal guardian of that student. (Students may under no circumstances ride with anyone other than their legal guardians. Additionally, the student cannot drive themselves to or from any event.)

Name: _____ Phone: _____

I understand that **OWATONNA HIGH SCHOOL LOCAL POLICY** requires that students ride school scheduled and approved vehicles to and from all events. A departure from this requirement will be with the approval of the supervising coach/advisor and will release the **OWATONNA SCHOOL DISTRICT** from liability for any adverse results that may occur.

I agree to release the **OWATONNA SCHOOL DISTRICT** and its employees and officers from liability with reference to the above stated transportation.

Return this form with signatures to your coach/advisor for filing.

Signature of Parent or Guardian

Signature of Coach