



ISD 833

Event Travel Release

This is I certify that I am personally transporting my son / daughter

_____ (Student's name)

_____ (Grade)

from _____ athletic / activity contest
(Activity - Level Participating)

on, _____ at _____
(Date of Contest) (Location of Contest)

Reason: _____

Name _____ Phone _____

I will transport only my son or daughter.

I understand that district rules require that students ride the bus to and from all events and a departure from this requirement will release the South Washington County School District from liability for any adverse results that may occur. I agree to release the South Washington County School District and its employees from liability with reference to the above stated transportation.

Please submit this form first to your coach, and then to the Activities Department prior to departure. Thank you.

Signature of Parent/Guardian

Date

Signature of Coach/Advisor

Date

Signature of Activities Director

Date