



Phone: 860-425-5512
Fax: 860-204-9506

TRAVEL RELEASE FOR STUDENT-ATHLETE

This is to request that Athlete _____ a member of the
_____ Team at the Norwich Free Academy has permission to be
transported by Parent/Guardian _____ on _____.
To _____ **OR** From _____

Reason for Request:

I understand that the Norwich Free Academy policy indicates that student athletes are to travel via the provided transportation. By requesting a waiver I agree to indemnify and hold the Norwich Free Academy, its officers, agents, and employees harmless from any and all claims or loss for bodily injury or property damage arising out of such independent travel.

It is understood that I will assume full responsibility for his/her health and safety.

Student Athletes are not allowed to transport themselves to away contests.

Parent/Guardian

Date

Home/Cell Phone#

THIS FORM MUST BE SUBMITTED TO THE COACH

Coach

Date received

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