

MEMORIAL HIGH SCHOOL

GIRLS BASKETBALL

TRAVEL RELEASE FORM

My daughter _____ needs to return from

(Athlete's Name)

_____ with _____.

(Destination of Trip)

(Name of Adult Authorized To Transport Child)

I hereby release the Spring Branch Independent School District and the sponsoring staff members from all liability with this alternate method of travel from this activity.

(Parent Signature)

(Date)