



THE GILBERT SCHOOL
ATHLETICS DEPARTMENT

200 Williams Ave, Winsted, CT

Phone: (860) 379-3721

Fax (860) 379-6163

TRAVEL RELEASE FOR STUDENT-ATHLETES

This form must be submitted to the athletics office or coach prior to, or no later than 48 hours of the event.

This is a request that _____, a member of the
(Student-athletes name)

_____ at The Gilbert School, be given permission to be
(Team)

Transported by _____ on _____
(Parent/Guardian's Name)

To: _____ OR From: _____

Reason for Request:

I understand that The Gilbert School athletics policy indicates that student-athletes are to travel via the provided transportation with their coach and team. By requesting a waiver I agree to identify and hold The Gilbert School, 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 personally transport my son/daughter only, and assume full responsibility for his/her health and safety.

Parent/Guardian Signature

Date

Contact phone #

Director of Athletics Signature

Date