

AMITY REGIONAL SCHOOL DISTRICT #5

TRAVEL RELEASE FOR STUDENT-ATHLETE

This is a request that _____ a member of the
(Athletes Name)

_____ at _____
(Team) (School)

be given permission to be

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

To: _____ or From: _____

Reason for Request: _____

I understand that Amity Regional School District policy indicates that student-athletes are to travel via the provided transportation. By requesting a waiver, I agree to identify and hold the Amity Regional School District, 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***

Instructions: 1. Complete this form 2. Submit to Coach 3. Submit to athletic department

1. Parent/Guardian's Signature Date Cell phone #

2. Coaches Signature Date

3. Director of Athletics' Signature Date

THIS FORM CANNOT BE EMAILED AND MUST BE SUBMITTED TO THE COACH NO LATER THAN 24 HOURS OF THE EVENT- THE ATHLETIC DIRECTOR WILL HAVE FINAL APPROVAL