

Please print in black or blue ink

EAGLE COUNTY SCHOOL DISTRICT AUTHORIZATION FOR STUDENT/ATHLETE RELEASE FROM GROUP

I do hereby authorize Eagle County School District RE50J and the coach/sponsor of _____
(team/group)

to permit my son/daughter, _____ to travel separate from the team/group on _____
(name) (date)

He/she will be allowed to leave/travel with _____ at the discretion of the coach.
(name)

Reason for departure from group: _____

I understand that I am assuming full responsibility for my child's actions and his/her safe travel. Further, I do hereby waive and release Battle Mountain High School, its agents and employees, including coaches and teachers, jointly and severally, of all responsibility, liability or claims for personal injury and/or property damage which may be sustained or caused by my child's separation from the official Battle Mountain High School traveling party on the above stated date.

Parent Name: _____
Address: _____
City/State/ZIP: _____
Phone #: _____

I have advised the above student and parent/guardian that all students who leave Battle Mountain High School with a traveling group/team are expected to return to the Battle Mountain campus with the group/team. The above parent/guardian has elected that the student leave the team/group and has arranged for alternate transportation. The parent/guardian of this student will assume full responsibility for the child's safety and actions.

PLEASE READ THE FOLLOWING CAREFULLY

This form must have all signatures no later than noon of the day prior to trip departure
HAVE PERMISSION FORM SIGNED IN FOLLOWING ORDER TO BE COMPLETE

1. Parent Signature _____ Date _____
2. Coach/Teacher/Sponsor Signature _____ Date _____
3. Athletic Director/Principal _____ Date _____

After signatures are obtained form must be submitted to Athletic Secretary or group sponsor.