

# Allen East Local School District



*Home of the Mustangs*

9105 Harding Highway • Harrod, Ohio 45850  
Phone (419) 648-3333 • Fax (419) 648-5282  
[www.alleneastschools.org](http://www.alleneastschools.org)

Mel Rentschler  
*Superintendent*

Andrea Snyder  
*Treasurer/CFO*

Tiffini Flugga  
*Elementary  
Principal*

Heather Patterson  
*Middle School  
Principal*

Jeff Amspoker  
*High School  
Principal*

Amanda Fetter  
*Special Education  
Director*

Allan King, Jr.  
*Athletic Director*

## ***Transportation Waiver Release Form***

Student Name: \_\_\_\_\_

(Last Name) (First Name)

Grade: \_\_\_\_\_ Instructor / Coach: \_\_\_\_\_

Program / Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Program / Activity: \_\_\_\_\_

By my signature below, I acknowledge that the school district is providing transportation to and from the above named program / activity and that I have chosen for my child not to utilize said transportation to or from the program / activity described above.

Furthermore, I hereby grant authorization to my child to provide his/her own transportation to the event described above. I understand the potential dangers associated with this authorization and agree to hold harmless and indemnify the (School District), their officers, servants, agents and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury including death that may be sustained.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone