



NOTRE DAME HIGH SCHOOL
ATHLETICS

Travel Release Form

This is to certify that _____ has my permission to ride
(Print student's name)

To/From the _____ event on _____ at _____
(sport) (date) (location)

With _____
(Print Adult Name Giving Ride)

I understand that this form will release Notre Dame High School from all liability for any adverse results that may occur.

I agree to release Notre Dame High School and its employees and administration from liability with reference to the above stated transportation.

This form must be emailed to the Athletic Director, wkimble@ndhsriverside.org, before traveling.

X _____
Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Contact Number of Parent/Guardian