

CHAPPAQUA CENTRAL SCHOOL DISTRICT
EXTRACURRICULAR TRANSPORTATION RELEASE FORM

Individual Event Release Form

Horace Greeley High School, R.E. Bell Middle School and Seven Bridges Middle School

Third-Party Release for Transportation Home from CCSD Events
A Hard Copy of This Form Is Required at the Time of Departure

It is expected that students will travel to and from athletic competitions or activities with their teams or groups. A child's parent, guardian, or permanent caregiver may transport a student home from an away event. A parent or guardian may also authorize an alternative, licensed adult driver who is a non-student to drive their child home from an event using this District-provided permission slip/release form. A hard copy of this permission slip must be presented to the supervisor of the event at the time of dismissal from the activity.

THIRD PARTY RELEASE - END OF AN ACTIVITY OR ATHLETIC EVENT

Activity or Athletic Information

_____ (Athletic Event, Field Trip or other Event)

_____ (Date of Activity)

_____ (Location of Activity)

_____ (Name of Student)

_____ (Advisor or Coach)

I assume full responsibility for allowing my child to travel home from the extracurricular activity or athletic event with _____ (first/last name), _____ (relationship to student), _____ (cell phone number). When picking up the student, the student must present this permission slip to the advisor/coach. If your designated driver does not pick up your child, when the bus is ready to depart, your child will return on the bus to the designated District site.

I hereby agree to release, waive, discharge and hold the Chappaqua Central School District harmless from any and all claims, cause of actions, or any other demands arising as a result of this request. I hereby promise to forbear from litigating against the Chappaqua Central School District any and all claims, causes of action and/or demands in a court of law, before any administrative agency, or in any other available forum regarding any matter arising from the transport of my student from _____.

The waivers and releases from all such claims shall be in favor of the District, its Board of Education Members, officers, employees, agents and their successors, both in their official and individual capacities.

_____ (Signature of Parent/Legal Guardian)

_____ (Print Name of Parent/Legal Guardian)

_____ Advisor/Coach Signature

_____ Date

This form must be turned into the school administrator who provides oversight for the activity/sport by the CCSD Staff advisor/coach immediately upon return to the school or as soon as practicable.
