

**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**

**A Hard Copy of This Form Must Be Submitted to the activity supervisor
BEFORE the student leaves for the event.**

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 so long as the appropriate permission forms are submitted in advance of the event. Parents complete this authorization for student-athletes during the registration process. This form is for extracurricular events and for student-athletes whose parents did not complete the authorization process during the online registration process.

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),
(this must be the student's parent/guardian/caretaker)

_____ (cell phone number).

The student must present this permission slip to the advisor/coach before departure. If you do 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 before departure.*
