



**FARGO PUBLIC SCHOOLS  
STUDENT CO-CURRICULAR ACTIVITY  
TRAVEL RELEASE FORM  
MIDDLE SCHOOL WAIVER**

**Name of Student**

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**Sport/Activity**

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**Academic School Year**

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**Authorized Names**

**Phone Number**

Authorized Names	Phone Number

I hereby certify that my child has my permission to ride from away contests during the above-mentioned athletic activity.

Authorized names listed above are adults of at least 21 years of age and/or family members. Upon a request of leaving the site with names listed, it is understood that a picture ID will be required and that proper checkout procedures will be followed.

I understand that the Fargo Public Schools rules require students to ride the buses to and from all out of town activities. Departure from this requirement will release the Fargo School District from all liability for any adverse results that may occur.

I agree to release the Fargo Public School District, its employees and officers from all liability with reference to the above-stated transportation.

This form must be submitted to the coach/advisor of the program.

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**Printed Name of Parent/Guardian**

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**Signature of Parent/Guardian**

**Date**

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**Signature of Coach/Advisor**

**Date**

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**Signature of building athletic administrator**

**Date**