



Holden R-3 School District
Parental Transportation Release Form

The details of this transportation request are valid for one year. If changes are made, please contact the activities office and fill out a new form.

New forms will be required each year.

I, _____, parent/guardian of _____ request or give my
(your name) *(your child's name)*
permission to _____ to transport my son/daughter _____
(person who will transport student) *(your child's name)*
to/from _____
(specific sport or activity, list all individually that are applicable)

I absolve and indemnify the Holden R-3 School District and any employees from any/all responsibility related to this travel.

Dated this _____ day of _____, 20_____.

Athletic Director Signature

Parent/Guardian Signature