



Shawano Community High School

Travel Release Form

This form must be completed and on file PRIOR to the event / activity date.

This is to certify that (student) _____ will be **Transported /**

Driving in a private vehicle **to – from – both** (activity) _____ on

(date) _____ at (location) _____.

Reason: _____

My child will be transported by : (circle one and sign)

- Self Student Signature: _____
- Parent / Guardian Name: _____
- Other Name: _____ Relationship: _____

I understand that the Shawano Community School District (SCSD) policy requires that all students ride on district – provided transportation to and from activities that involve Shawano Community High School (SCHS) students and are part of the SCSD.

By completing this form, I certify that I understand that neither SCSD nor SCHS is responsible for any injuries or losses that may result from non district / school transportation, and hereby hold harmless, release, and discharge any claims, actions or causes of action of any nature against SCSD and its employees and officers from all liabilities for any adverse results that may occur as a result of private transportation, including but not limited to personal injury, property damage, or wrongful death that may have arisen in connection with said travel. I further certify that transportation that I do provide or have provided in lieu of SCSD provided transportation will be made in accordance with all related laws including appropriate insurance coverage for such transportation.

I certify that I will personally transport the above named student. By Signing this form I acknowledge that the driver has adequate insurance and holds a valid WI Drivers License.

Driver Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Advisor / Administrator Signature: _____ **Date:** _____