



Together... We Build Tomorrow!

**CLINT INDEPENDENT SCHOOL DISTRICT
ATHLETIC DEPARTMENT**

ALTERNATE STUDENT/ATHLETE TRAVEL FOR ATHLETIC EVENTS

My son/daughter, _____, requests permission to travel from _____ to _____ by private transportation. The driver of the vehicle is _____.

The departure time from _____ on _____ with an estimated arrival time in _____ of _____ a.m./p.m. of the same day.

The reason for the alternate travel is, _____.

I agree to allow my son/daughter to travel by alternate mode mentioned above, and further agree not to make a claim against any of the Clint ISD insurances. I agree to and shall indemnify and hold harmless Clint Independent School District, its officers, agents and employees, against all claims, regardless of form, and lawsuits for damages or injuries to my son/daughter or personal property arising from the negligent act and/or omissions of Clint ISD or any of its officers, agents or employees with this alternate method of travel for this event.

Parent/Guardian Signature

Date

Signature of Principal

Date

_____**Approved**

_____**Not Approved**