



LOWELLVILLE LOCAL SCHOOLS
52 ROCKET PLACE
LOWELLVILLE, OHIO 44436

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Transportation Release

Please complete the following that apply:
(To Event)

I do hereby grant my permission for my child, _____, to be
transported to the following extra-curricular activity,
_____ on (date) _____ by (print name)
_____.

(From Event)

I do hereby grant my permission for my child, _____, to
be transported home from following extra-curricular activity,
_____ on (date) _____ by (print name)
_____.

**I shall assume all responsibility for my child's safety and welfare and
further absolve the school and its representatives from any liability which
may result from this change in procedure.**

Parent Signature

Principal or Athletic Director Signature

Coach or Advisor Signature

**This form must be completed and returned to the coach or advisor with ALL
signatures BEFORE departure to the event.**