

CARLYNTON JR SR HIGH SCHOOL
ATHLETIC DEPARTMENT
CONTEST TRAVEL RELEASE FORM

Athlete's Name: _____

Sport: _____

Opponent: _____

Date of Event: _____

I certify that I am personally transporting the above named student. I understand that the ***Carlynton Athletic Policy*** required that athletes ride the bus/van to and fro all athletic events and a departure from this requirement will release the ***Carlynton District*** from all liability for any adverse results that may occur. I agree to release the ***Carlynton School District***, its employees and officers from all liability with reference to the above stated transportation.

This form must be on file in the **Athletic Director's Office** **one (1)** day **before** the schedule athletic events.

Signature of Parent/Guardian

Date

Signature of Athletic Director

Date

APPROVED

NOT APPROVED