

TRANSPORTATION LIABILITY WAIVER & RELEASE FORM (MINOR CHILD)

Student Name:			
Team/Group:		Coach/ Advisor:	
Event Date(s):		Location:	
Student Name:			
Please check one o	f the following:		
For the eve	ent, I wish to transport my child	To From	Both Directions
OR I wish to allow a t	hird party to transport my child:	To From	Both Directions
	nission for the following individual to hool District to release my child to thi	•	
Name:	Name: Relationship to Child:		Child:
Phone Nu	imber:	<u> </u>	
they wish to transp extracurricular ever and Activities Depa wish to allow a thir released to a third p	ort their child to/from an extracurricul nt/competition, they parent/guardian of artment for their signature in advance rd party to transport their child to/from	ar event/competition of the child must com of the event. Parents/ an extracurricular ev	tition. Parents/guardians are advised that if or have their child released to them after an plete and submit this form to the Athletic guardians must also use this form if they went/competition or allow their child to be party must be over 18 years old and cannot
risks and responsib and hold Ripon Are representatives har transportation of ou custody, and/or cor vehicle. Further, we	ilities related to the transportation of cea School District, the Board of Educamless from all claims and damages rear child to and/or from the activity in antrol of the Ripon Area School District	our child to and from tion, and its employer sulting from or relating a private vehicle. We t while being transpo mage to persons and	ation for our child, we agree to assume all the above activity. We agree to indemnify ses, officers, coaches, volunteers, agents, and ag to any accident or injury arising from our further agree that our child is not in the care, reted to and/or from the activity in a private for property caused by or to our child during
Student Signature:			Date:
Parent/Guardian N	ame:		
Parent/Guardian S	gnature:		Date:
Athletic Director's	Signature:		Date: