

EXTRA CURRICULAR TRANSPORTATION DISCLAIMER

STUDENT NAME: _____

DATE OF EVENT: _____

EVENT: _____

LOCATION OF EVENT: _____

REQUESTED TRANSPORTATION CHANGE: _____

I understand that Forest Hills Consolidated School/MSAD #12/RSU #82 is providing transportation to and from the above Event. I am requesting the above change, however I realize that by signing below, I am accepting full responsibility for the transportation of the above student and that I shall hold Forest Hills Consolidated School/MSAD #12/RSU #82 and the employees thereof completely harmless in the event that the above student should sustain any injury as a result of the noted transportation change.

Parent/Guardian Signature

Date of Request

I approve the above requested change in the transportation of this child.

Forest Hills Consolidated School/MSAD #12/RSU #82
Representative

Date

THIS DISCLAIMER MUST BE PRESENTED TO THE COACH/ADVISOR AT LEAST 24 HOURS PRIOR TO THE EVENT IN WHICH THE REQUESTED CHANGE WILL BE MADE.