

Clatskanie Middle High School

Date _____

CLATSKANIE MIDDLE HIGH SCHOOL TRAVEL RELEASE FORM

This is to certify that _____ has my permission
(Students Name)

to ride (to _____ from _____ both _____) the _____
(Check One) (Athletic Event/Activity)

on _____, 20____; at _____
(Location of Event)

I certify that I am personally transporting the above named student, or have arranged for transportation with an adult (non-student) of my choosing for this student.

The reason for not riding the bus is _____

(Reason must be sufficiently urgent to family needs to justify not riding the school bus)

I understand that the Clatskanie Middle High School requires that students ride the provided transportation to and from all school related activities and a departure from this requirement will release the Clatskanie School District from all liability for any adverse results that may occur.

I agree to release the Clatskanie School District and its employees from all liability with reference to the above stated transportation.

This form must be signed by the Parent (s)/Legal Guardian(s) and the Coach/Advisor, and will serve for only the date listed.

(Signature of Parent(s)/Guardian(s))

(Date)

(Signature of Coach/Advisor)

(Date)