## **West Essex Regional School District**

## **Athletic Department**

## **Travel Release Form**

With this release form, I,	(Name of Parent/Guardian)
certify that my child,	(Name of Student) , has my
permission to:	
CHECK BOX THAT APPLIES:	
☐ I will be responsible for transporting my child <b>to</b> the away	athletic event on (Date
of Event) being held at	(Location of Event).
I will be responsible for transporting my child <u>from</u> the aw	vay athletic event on (Date
of Event) being held at	(Location of Event).
I understand that it is the procedure of the West Essex Regions for athletes to ride to and from away athletic events with their and that a departure of this requirement will release the West and all liability, which may occur as a result of my child not tra West Essex Regional School District with the team.  Thus, I hereby release the West Essex Regional School District and all liability with reference to the above-stated transportat Signature of Parent/Guardian:	r team on school district transportation Essex Regional School District from any veling to the away event or back to the and its' employees and officers from any ion procedure.
In the event that I, (Parent/Guardian)	, am unable to
transport, I authorize	
child.	
Date:	

<sup>\*\*</sup>THIS FORM MUST BE ONE FILE IN THE ATHLETIC OFFICE, ONE DAY PRIOR TO THE EVENT\*\*