ARROWHEAD HIGH SCHOOL TRAVEL RELEASE

This is to certify that _____ _____ has my permission
Name **Grade**

to ride (To-From-Both) the _____ event on
Circle One **Event**

_____ 20___ at _____.
Date **Location**

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

Name of Driver: _____

Relationship to student being transported: _____

The reason for not riding the bus is: _____

_____

I understand that the Arrowhead High School Rules require that students ride the buses to and from all events and a departure from this requirement will release the Arrowhead High School District from all liability for any adverse results that may occur.

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

This form must be on file in the Activities Office prior to the dismissal of school on the day of the contest.

_____ _____

Signature of Parent or Guardian Signature of Activities Director

FAX TO: 262-367-1870

IF FAXING-PROVIDE A RETURN FAX NUMBER _____