

Essex County Schools of Technology Athletic Department

Travel Release Form (one form per event/date)

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 **to** the away athletic event on (Date of Event) _____ being held at _____ (Location of Event).
- I will be responsible for transporting my child **from** the away athletic event on (Date of Event) _____ being held at _____ (Location of Event).

I understand that it is the procedure of the Essex County Vo Tech School District Athletic Department for athletes to ride to and from away athletic events with their team on school district transportation and that a departure of this requirement will release the Essex County Vo Tech School District from any and all liability, which may occur as a result of my child not traveling to the away event or back to the Essex County Vo Tech School District with the team.

Thus, I hereby release the Essex County Vo Tech School District and its' employees and officers from any and all liability with reference to the above-stated transportation procedure.

Signature of Parent/Guardian: _____ Date: _____

In the event that I, (Parent/Guardian), am unable to transport, I authorize

(Print Name of Adult) _____ to transport my child.

Signature of Parent/Guardian: _____ Date: _____

****THIS FORM MUST BE ON FILE WITH YOUR HEAD COACH, ONE DAY PRIOR TO THE EVENT****