TRAVEL RELEASE

This is to certify that(student name	has my ne)	has my permission to ride (to-from-both)		
the athletic contest o	n(date)	at	(location of event)	·
I certify that I am <u>personally</u> transporting t	he above-nan	ned stud	dent.	
The reason (which must be sufficien	itly urgent to	family	needs) for not riding	
the bus is:				
I understand that the Grove City Sch	ool District re	quires t	that students ride the bus	es to
and from all athletic events and a departur	e from this re	equirem	ent will release Grove Cit	У
School District from all liability for any adve	erse results th	nat may	occur.	
I agree to release Grove City School	District and it	s emplo	yees and officers from all	
liability with reference to the above-stated	l transportatio	on.		
A completed form must be signed ar	nd approved k	y eithe	r the Athletic Director or a	an
appropriate school administrator on the da	ay of the athle	etic con	test. After this is approve	d, the
athlete will take the completed copy of his	/her coach.			
Signat	ture of Parent or	Guardian		
Signat	ture of Athletic Di	irector or	Appropriate School Administrato	or
Date			-	

APPROVED

NOT APPROVED