## **Kimberly High School**

## STUDENT TRAVEL RELEASE FORM

| This is to certify that  | will be transported  |
|--|--|
|  | t's Name)  |
| in a private vehicle (TO – FROM – BOTH) the  |  |
| on, at   | (School Activity)  |
| (Date/Time of Activity)  | (Location of Activity)   |
| My child will be transported by:   | parent/guardian signing this form.   |
| I give   | permission to transport my child.  |
| (Signature required below) The reason for not riding district-supplied trans   | portation is the following:  |
| (Reason must be sufficiently urgent to fami  | ily needs to justify not riding supplied transportation)   |
| By completing this form, I certify that I understand that it losses that may result from non-district/school transported actions or causes of action of any nature against Kimber employees and officers from all liability for any adversed including but not limited to personal injury, property data said travel. I further certify that transportation that I do personal injury. | d are a part of the Kimberly High School Co-Curricular program. neither the district nor the school is responsible for any injuries or ation, and hereby hold harmless, release, and discharge any claims, rly High School, the Kimberly Area School District, and its results that may occur as a result of private transportation, mage, or wrongful death that may have arisen in connection with provide or have provided in lieu of school district/school provided including having in place appropriate insurance coverage for such |
| This form must be on file in the Kimberly Hi school on the day of the contest/activity.  | igh School Athletic Office <u>prior</u> to the dismissal of  |
| (Signature of Parent/Guardian) (Signature  | e of Coach/Advisor) (Signature of Administrator)   |
| Signature of individual transporting student requ  | uired below (if other than parent/guardian).   |
| I certify that I will personally transport the abov  | e named student.   |
| Name Signate   | ure  |
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|  |  |