

ARROWHEAD UNION HIGH SCHOOL TRAVEL LIABILITY RELEASE

I understand that the Arrowhead Union High School (AHS) rules require that students ride school sponsored transportation to and from all events. If other travel arrangements are required then this form must be completed to indicate everyone's understanding that the **departure from this requirement will release AHS from all liability for any adverse results that may occur.** While it is AHS's expectation that students utilize school provided transportation when it's provided, it is a district rule for parents to give prior notice to school administration that their child/student will not be utilizing the school provided transportation.

- This form must be fully complete and on file in the Activities Office prior to the dismissal of school on the day of the event, or the last school day before the event if the event happens on a day when school is not in session
- A parent / guardian must sign and date this form below.

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

I agree to release AHS and its employees and officers from all liability excluding intentional or reckless action or inaction with reference to the below stated transportation.

Name of student/athlete: _____

Grade of student/athlete: _____

Sport / Activity: _____

Date of Event (Month, Day, Year): _____

Location of Event: _____

✓ Direction of Travel (Please check one)

- TO the event - Student / athlete needs release from school provided travel TO the event
- FROM the event - Student / athlete needs release from school provided travel FROM the event
- BOTH directions TO & FROM the event - Student / athlete needs release from school provided travel BOTH TO & FROM the event

Name of Driver: _____

Relationship to Student / Athlete: _____

Reason for not taking school sponsored transportation: _____

Signature of Parent / Guardian _____

Signature of Student / Athlete _____

Today's Date (Month, Day, Year) _____

Once the form is complete, including signature and date by a parent / guardian then please submit this form to the activities office at North Campus to be signed by the athletic director.

Signature of Activities Director

If you have questions contact Ryan Mangan (AHS AD) at - 262-369-3612 x4203