

Hamilton Township School District  
Athletic Department  
Travel Release Form

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).
- ☐ My child will be responsible for transporting themselves to the away athletic event on \_\_\_\_\_  
\_\_\_\_\_. (Date of Event) being held at \_\_\_\_\_  
\_\_\_\_\_. (Location of Event).
- ☐ My child will be responsible for transporting themselves from the away athletic event on \_\_\_\_\_  
\_\_\_\_\_. (Date of Event) being held at \_\_\_\_\_  
\_\_\_\_\_. (Location of Event).

I understand that it is the procedure of the Hamilton Township School District Athletic Department is 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 Hamilton Township 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 Hamilton Township School District with the team.

Thus, I hereby release the Hamilton Township District and its' employees and officers from any and all liability with reference to the above-stated transportation procedure.

Signature of Parent/Guardian: \_\_\_\_\_

In the event that I, (Parent/Guardian) \_\_\_\_\_, am unable to  
transport, I authorize \_\_\_\_\_ (Print Name of Adult) to transport my  
child.

Date: \_\_\_\_\_

**\*\*THIS FORM MUST BE ONE FILE IN THE ATHLETIC OFFICE, ONE DAY PRIOR TO THE EVENT\*\***