

REQUEST FOR TRANSPORTATION RELEASE

Athlete requesting release: _____ Athlete’s sport: _____

Athlete’s head coach: _____ Date of request: _____

Athlete’s home address: _____ Date of conflict: _____

_____ Event name: _____

Athlete’s home phone number: _____ Event location: _____

Being released from transportation:

_____ to contest _____ from contest _____ both to & from contest

Will parent or student be driving the student athlete: _____

(Students will not be permitted to drive other students unless they are members of the same household)

REASON:

_____ SCHOOL EVENT

_____ FULL SEASON REQUEST

_____ OTHER

IF OTHER, PLEASE EXPLAIN BELOW:

WAIVER: We understand that this request *must be given for Athletic Department approval TO THE COACH AT LEAST 3 DAYS PRIOR TO THE EVENT DATE, AND THAT I, THE ATHLETE WILL ONLY BE RELEASED FROM THE EVENT TO US, THE PARENTS/LEGAL GUARDIANS.* We do hereby, for ourselves, our heirs, executors, and administrators, waive, release, discharge and indemnify the Chagrin Falls Board of Education, Chagrin Falls Athletic Department, the coaching staff, and any additional hosts or sponsors, or their respective agents, representatives, and employees from all claims, demands, and rights of causes of action, present and future, whether known or anticipated, resulting from or arising out of, either directly or indirectly, our decision to not use school provided transportation. *Furthermore, we have been advised that OHSAA Lifetime Catastrophe Accident Insurance policy and the Chagrin Falls Board of Education and Athletic Department policies do not cover our son/daughter in this situation* and we have therefore secured the appropriate insurance for transporting our athlete ourselves. By signing below, I further acknowledge and agree that my child may not transport other student athletes that are not members of our household, and that immediate and full suspension from the team may result if this rule is violated.

Signature of the athlete: _____ Date: _____

Signature of parent/legal guardian:

Date: _____

THIS FORM SHOULD BE GIVEN TO THE HEAD COACH

FOR OFFICE USE ONLY:

Date received by coach: _____

Proof of insurance received: Yes ___ No ___; Effective coverage dates: _____

Approved: _____ Denied: _____

(AD Signature)

Comments: _____