

**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: \_\_\_\_\_
- \_\_\_\_\_ to contest \_\_\_\_\_ from contest \_\_\_\_\_ both to & from contest
- **REASON:**
  - \_\_\_\_\_ **SCHOOL EVENT**
  - \_\_\_\_\_ **OTHER**
  - **IF OTHER, PLEASE EXPLAIN BELOW:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WAIVER:** We understand that this form **must be signed and given to the coach or Athletic Department PRIOR TO THE CONFLICT DATE, AND THAT I, THE ATHLETE WILL ONLY BE RELEASED TO US, THE PARENTS/LEGAL GUARDIANS.** We do hereby, for ourselves, our heirs, executors, and administrators, waive and release and discharge the OHSAA, Perry Local Schools Board of Education, Perry Local Schools 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 Perry Local Schools 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.

Signature of the athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM SHOULD BE GIVEN TO THE HEAD COACH**

<b><u>FOR OFFICE USE ONLY:</u></b>	
Date received by coach: _____	Approved: _____ Denied: _____ <span style="float: right;">(signature of AD)</span>
Comments: _____ _____	