

Hibbing High School
Activities Department

TRAVEL RELEASE FORM

Student Name _____ Grade _____

Team / Activity _____

Site of Trip _____

Date of Trip _____

As parent or guardian of the above named student, I will be transporting my son/daughter from the above named site and will assume full responsibility for his/her safety and well-being for the remainder of this trip.

Parent / Guardian Signature _____ Date _____

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