

  
**CHILLICOTHE**  
**HIGH SCHOOL**

Athletic Office  
421 Yoctangee Parkway  
CHILLICOTHE, OHIO 45601  
Phone: (740) 702-2287 ext.16249  
Fax: (740) 779-5376

**ALTERNATIVE TRANSPORTATION RELEASE FORM – PARENT/GUARDIAN POV**

I, \_\_\_\_\_, parent/guardian/custodian of \_\_\_\_\_, request and give permission to have my son/daughter take alternative transportation by privately owned vehicle to/from the (Name of Sport) \_\_\_\_\_ game against \_\_\_\_\_ High School at \_\_\_\_\_, Ohio on \_\_\_\_\_, 201\_\_ due to (Describe reason student-athlete cannot ride school-provided transportation) \_\_\_\_\_ which prevents my child from traveling on the team bus to /from the game. I agree, on behalf of myself and my child, to assume all risks including any damages resulting from physical injuries, death, loss of services or consortium, loss of damage to property, or any other loss which I or my child may sustain as a result of such alternative transportation by privately owned vehicle to participate in such contest. I further agree to provide a copy of a valid driver's license and proof of insurance to the CHS Athletic Department prior to providing alternative transportation by privately owned vehicle.

In consideration of allowing my child to be transported by privately owned vehicle to/from the (Name of Sport) \_\_\_\_\_ game against \_\_\_\_\_ High School at \_\_\_\_\_, Ohio, on \_\_\_\_\_, 201\_\_, I hereby for myself, my child, and for all heirs, executors, administrators and assigns, do hereby forever release, waive, relinquish, absolve, indemnify and hold harmless the Chillicothe School District and all of its officers, employees or agents from any and all claims and responsibility related to this travel.

Dated this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Parent/Guardian/Custodian Signature\* \_\_\_\_\_

Parent/Guardian/Custodian Signature\* \_\_\_\_\_

\*Both parents must sign unless only one has legal custody.