



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

ALTERNATIVE TRANSPORTATION RELEASE FORM – NON - PARENT/GUARDIAN THIRD PARTY PERSON POV

I, _____, parent/guardian/custodian of _____, request and give permission to have my son/daughter take alternative transportation by privately owned vehicle operated by (Name of Third-Party providing transportation) _____ 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 the above-named operator's 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 operated by _____ 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.