

# WASHINGTON CH TRAVEL RELEASE



**Student Requesting Travel Release:** \_\_\_\_\_

**Event / Sport:** \_\_\_\_\_

*I agree to release the Washington City School District and its employees and officers from all liability with reference to the stated transportation.*

**Please list any adult that will be transporting athlete from event  
(MUST be on Emergency Medical Form)**

**Name(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*At the end of the event the parent / guardian must sign the sign-out sheet from one of the Coaching Staff.*