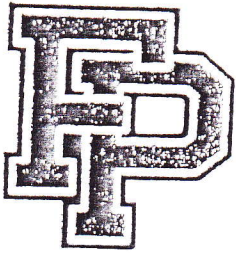


# Forest Park High School

801 Forest Parkway Drive  
Crystal Falls, Michigan 49920



*Athletic Office*



*High School Office*

906-875-6869

## CONSENT TRAVEL RELEASE

This is to certify that \_\_\_\_\_ has my permission to ride  
(Student's Name)

from the \_\_\_\_\_ athletic contest on \_\_\_\_\_  
Sport Date

at \_\_\_\_\_  
Location of Contest

I certify that I am personally transporting the above-named student, or have arranged for transportation with an adult (non-student) of my choosing for this student.

\_\_\_\_\_  
(Reason must be sufficiently urgent to family needs to justify not riding the bus).

\_\_\_\_\_  
(Name of person transporting student)

I understand that the Forest Park High School Athletic Rule requires students to ride the buses to and from all athletic events and departure from this requirement will release the Forest Park School District from all liability for any adverse results that may occur.

I agree to release the Forest Park School District and its employees and officers from all liability with reference to the above-stated transportation.

**This form must be completed and turned into the Athletic Director or High School Administrator at least 24 hours before scheduled departure. Failure to comply may result in non-approval of the request.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Athletic Director

\_\_\_\_\_  
Approved-Not Approved

or

\_\_\_\_\_  
Date

\_\_\_\_\_  
High School Administrator