



OWOSSO ATHLETIC DEPARTMENT

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Athlete Travel Release Form

SPORT _____ COACH _____

DATES INVOLVED _____ LOCATION _____

This is to certify that _____ has my permission to ride from
(Student's name)
the _____ athletic contest on the above date(s) and location.
(Sport event)

I certify that I am personally transporting my son or daughter.

The reason (s) for not riding the bus is:

With my signature, I hereby release all school officials and employees of the Owosso Public School District from all liability based on this authorization for any and all damages.

Date _____

Signature of parent or guardian

Approved by: Administration _____