

TRANSPORTATION LIABILITY WAIVER & RELEASE FORM (MINOR CHILD)

Team/Group:	Coach/ Advisor:				
Event Date(s):	Location:				
Please check one of the fo	llowing:				
For the event, I wi	sh to transport my child	То	From	Both Directions	
OR					
I wish to allow a third p	arty to transport my child:	То	From	Both Directions	
I hereby give permission	for the following individual	to transpo	ort my child as	indicated above and for the	
Ripon Area School Distri	ct to release my child to this	individual	for the above	e listed extracurricular event:	
Name: Relation	ship to Child:				
Phone Number					

Parents/guardians are required to complete this form each time their student will not be using transportation provided by the Ripon Area School District to and/or from an extracurricular event/competition. Parents/guardians are advised that if they wish to transport their child to/from an extracurricular event/competition, or have their child released to them after an extracurricular event/competition, they parent/guardian of the child must complete and submit this form to the Athletic and Activities Department for their signature in advance of the event. Parents/guardians must also use this form if they wish to allow a third party to transport their child to/from an extracurricular event/competition or allow their child to be released to a third party after an extracurricular event/competition. The third party must be over 18 years old and cannot be a current Ripon Area School District student.

By signing below and in consideration for being allowed to provide transportation for our child, we agree to assume all risks and responsibilities related to the transportation of our child to and from the above activity. We agree to indemnify and hold Ripon Area School District, the Board of Education, and its employees, officers, coaches, volunteers, agents, and representatives harmless from all claims and damages resulting from or relating to any accident or injury arising from our transportation of our child to and/or from the activity in a private vehicle. We further agree that our child is not in the care, custody, and/or control of the Ripon Area School District while being transported to and/or from the activity in a private vehicle. Further, we assume full responsibility for any damage to persons and/or property caused by or to our child during our transportation of our child to and/or from the activity in a private vehicle.

Student Signature: Date:
Parent/Guardian Name:
Parent/Guardian Signature: Date:
Athletic Director's Signature: Date: