

INTERBORO ATHLETIC DEPARTMENT TRAVEL RELEASE Date: _____

**THIS FORM MUST BE ON FILE IN THE ACTIVITIES OFFICE PRIOR TO THE
DISMISSAL OF SCHOOL ON THE DAY OF THE CONTEST**

This is to certify that _____ *(student name)* has my permission to ride
to and/or from the _____ *(sport)* athletic contest on
_____ *(date)*, 20 _____ *(year)*, at _____ *(location)*.

I certify that I am transporting the above-named student or have arranged for transportation with an
adult (non-student) of my choosing for this student. The reason for not riding the bus is

_____ *(reason)*.

I understand that the **Interboro School District Athletic Rules** require that all students ride the buses to
and from all athletic events and a departure from this requirement will release the Interboro School
District from all liability for any adverse results that may occur. I agree to release the Interboro School
District and its employees and officers from the liability with reference to the above stated
transportation.

Signature of Parent/Guardian

Printed name of Parent/Guardian

Contact Phone Number

Signature of Athletic Director/Principal