



ATHLETIC DEPARTMENT
BUFORD HIGH SCHOOL



A Tradition of Excellence

DEXTER WOOD
Athletic Director

**BUFORD HIGH SCHOOL
CONTEST TRAVEL RELEASE**

This is to certify that _____ has my
(Student's name)

permission to ride from _____
(Athletic contest)

at _____ on _____
(Location) (Date)

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

The reason for not riding the bus is _____

I understand that Buford City Schools' athletic rules require that students ride the buses to and from all athletic events and a departure from this requirement will release Buford City Schools from all liability for any adverse results that may occur.

I agree to release Buford City Schools and its employees and officers from all liability with reference to the above-stated transportation.

This form must be on file in the athletic office prior to dismissal of school on the day of the contest.

Signature of Parent/Guardian

Date