



Owatonna Activities Department

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TRAVEL RELEASE FORM

DATE _____

This is to certify that _____ has my permission to ride (to/from/both) the
Student name

_____ event on _____ at _____
Sport/Activity Date Location of event

I certify that I am personally transporting the above named student and that I am the legal guardian of that student. (Students may under no circumstances ride with anyone other than their legal guardians. Additionally, student cannot drive themselves to or from any event.)

Name: _____ Phone: _____

I understand that **OWATONNA HIGH SCHOOL LOCAL POLICY** requires that students ride school scheduled and approved vehicles to and from all events. A departure from this requirement will be with the approval of the supervising coach/advisor and will release the **OWATONNA SCHOOL DISTRICT** from liability for any adverse results that may occur.

I agree to release the **OWATONNA SCHOOL DISTRICT** and its employees and officers from liability with reference to the above stated transportation.

Return this form with signatures to your coach/advisor for filing.

Signature of Parent or Guardian

Signature of Coach