



Reitz Memorial High School-Athletic Department

1500 Lincoln Avenue Evansville, IN 47714

Student – Athlete Travel Release Form

Name _____ Grade _____

As a student-athlete on the _____ team at

Memorial High School, I will not be traveling with the team from the

game/meet against _____ on ____/____/____.

My parent (s) or legal guardian, assumes full legal responsibility in making alternative travel arrangements. Memorial High School has arranged for transportation for me to and from the game, but I have chosen an alternative method and agree to accept all risk of personal injury and assume all liability stemming from my decision to use this alternate travel arrangement. I, therefore, absolve the Diocese of Evansville, RMHS, the athletic department, the coach of the team, and the company that provides insurance coverage from any and all responsibilities should any injury or accident (s) occur. Furthermore, I assume total responsibility for all my actions and activities once I separate myself from the team as a whole.

Student Athlete Signature

Date

Parent/Guardian Signature

Date

Coach's Signature

Date

** The coach or team rules may require all participants to travel with the team, and taking a student off team transportation should be avoided unless absolutely necessary.

Family emergencies may be exempt by a coach.

