



South Dearborn High School-Athletic Department

5770 Highlander Place Aurora, IN 47001

Student – Athlete Travel Release Form

Name _____ Grade _____

As a student-athlete on the _____ team at

South Dearborn 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. South Dearborn Community School Corporation 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 SDCSC, 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.