

**REQUEST FOR TRANSPORTATION RELEASE**

Athlete requesting release: \_\_\_\_\_ Athlete’s Sport: \_\_\_\_\_

Athlete’s head coach: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Athlete’s home address: \_\_\_\_\_ Date of Contest: \_\_\_\_\_

\_\_\_\_\_ Event name: \_\_\_\_\_

Athlete’s home phone number: \_\_\_\_\_ Event location: \_\_\_\_\_

**Being released from transportation: \*Student athletes CANNOT drive themselves to or from a contest**

\_\_\_\_\_ to contest \_\_\_\_\_ from contest \_\_\_\_\_ both to & from contest

(Parents will not be permitted to drive other students not identified above unless they are members of the same household)

**REASON:**

\_\_\_\_\_ SCHOOL EVENT \_\_\_\_\_ FULL SEASON REQUEST \_\_\_\_\_ OTHER

**IF OTHER, PLEASE EXPLAIN BELOW:**

\_\_\_\_\_  
\_\_\_\_\_

**WAIVER:** We understand that this request **must be given for Athletic Department approval TO THE COACH AT LEAST 3 DAYS PRIOR TO THE EVENT DATE, AND THAT I, THE ATHLETE WILL ONLY BE RELEASED FROM THE EVENT TO US, THE PARENTS/LEGAL GUARDIANS.** We do hereby, for ourselves, our heirs, executors, and administrators, waive, release, discharge and indemnify the Copley-Fairlawn City School District Board of Education, Copley-Fairlawn Athletic Department, the coaching staff, and any additional hosts or sponsors, or their respective agents, representatives, and employees from all claims, demands, and rights of causes of action, present and future, whether known or anticipated, resulting from or arising out of, either directly or indirectly, our decision to not use school provided transportation. **Furthermore, we have been advised that OHSAA Lifetime Catastrophe Accident Insurance policy and the Copley-Fairlawn Board of Education and Athletic Department policies do not cover our son/daughter in this situation** and we have therefore secured the appropriate insurance for transporting our athlete ourselves. By signing below, I acknowledge and agree that I may not transport other student athletes that are not members of our household, and that immediate and full suspension of my child from the team may result if this rule is violated.

Signature of the athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM SHOULD BE GIVEN TO THE HEAD COACH**

**FOR OFFICE USE ONLY:**

Date received by coach: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

(AD Signature)

Comments: \_\_\_\_\_