

BISMARCK PUBLIC SCHOOLS STUDENT CO-CURRICULAR ACTIVITY TRAVEL RELEASE FORM

Name of Student
Sport/Activity
Date of Event/Game
Location of Event/Game
I hereby certify that my child has my permission to ride the event described above. Transportation will be provided by:
I understand that the Bismarck Public Schools rules require students to ride the buses to and from all out of town activities. Departure from this requirement will release the Bismarck School District from all liability for any adverse results that may occur.
I agree to release the Bismarck Public School District, its employees and officers from all liability with reference to the above-stated transportation.
This form must be submitted to the head coach/advisor of the program prior to the day of the event.
My signature below indicates my approval of the aformentioned items.
Printed Name of Parent/Guardian
Signature of Parent/Guardian Date
G'analana (Maria I (Aria))
Signature of Head Coach/Advisor Date