

# VERSAILLES HS/JH TRANSPORTATION WAIVER

(Needs to be completed 3 days prior to the event)

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Student Name: \_\_\_\_\_

Activity/Sport: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I am asking permission to transport my child in my personal vehicle on (date)

\_\_\_\_\_ for the following reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am aware that I am accepting full responsibility/liability for the safety of the student.

\_\_\_\_\_

Parent Signature

Date

\_\_\_\_\_

Coach/Supervisor Approval

Date

\_\_\_\_\_

Administrative Approval

Date

**Present this form to the coach/supervisor, who will then return it to the Administration to keep on file.**