

Norwalk Activities Department Al Lammers AD - Darin Schreck Assistant AD 1201 North Avenue Norwalk, IA 50211 Phone: (515) 981-4204 Fax: (515) 981-9871



Travel Release Form

Date_____

This is to certify that ______ has my permission to ride

(to-from-both) the contest______ on the date: ______

LOCATION OF CONTEST: _____

I CERTIFY THAT I HAVE PERSONALLY ARRANGED FOR TRANSPORTATION FOR THE ABOVE NAMED STUDENT WITH:

Name of adult: _____

Must Be an Adult

I UNDERSTAND THAT THE NORWALK SCHOOLS AND THE NORWALK BOARD OF EDUCATION REQUIRE THAT STUDENTS RIDE THE BUS TO AND FROM ALL ACTIVITIES. A DEPARTURE FROM THIS REQUIREMENT WILL RELEASE THE NORWALK SCHOOL DISTRICT FROM ANY LIABILITY FOR ANY ADVERSE RESULTS THAT MAY OCCUR. I AGREE TO RELEASE THE NORWALK SCHOOL DISTRICT AND ITS EMPLOYEES AND OFFICERS FROM ALL LIABILITY WITH REFERENCE TO THE ABOVE STATED TRANSPORTATION.

THIS FORM MUST BE ON FILE IN THE ACTIVITIES OFFICE PRIOR TO DISMISSAL OF SCHOOL ON THE DAY OF THE CONTEST.

Date Approved _____

Signature of Activity Director _____

Signature of Coach/Sponsor