SPRINGFIELD PUBLIC SCHOOLS

HIGH SCHOOL EXTRACURRICULAR EVENTS TRANSPORTATION RELEASE FORM

Student Name:	("Student")
Parent/Guardian Name:	("Parent/Guardian")
Relative's Name:	("Relative")
As the Parent/Guardian for the Student, I ride with, and be transported by the Relative, who and/or from the following School District Activity ("Activity").	
In so doing, I understand that the School I the Student to and from the Activity and I am vol desire to have the Student transported by the Relative Student transported by the Relative, I agree to of Springfield, R-12, its Board of Education and i any and all claims, liability or damages of whatev Student by the Relative.	ative. Because I have voluntarily elected to have be release, indemnify and hold the School Districts present and former employees harmless from
Parent/Guardian Signature:	
Today's Date:	
Relationship of Relative to the Student:	