



LISD Student Athlete Transportation Release Form

Date: _____ School: _____

Student Athlete: _____

Event/Site: _____

Date of Contest: _____

Please check one of the boxes below:

- ☐ Parent/Guardian: My child will be riding to/from the contest/event with me.
☐ Student Driver: My child will drive themselves to/from the contest/event.
☐ Designated Driver: I grant permission for my child to ride to/from the contest/event with the following designated driver:

Driver Name: _____ Relationship to Student: _____

Parent/Guardian Acknowledgment & Release of Liability:

I, the parent of the above student athlete, by signing below, acknowledge and agree to the following:

1. I acknowledge that school district-provided transportation is available for all athletes to and from all away events and that I am knowingly choosing not to utilize district transportation for this contest/event.
2. I expressly consent to the transportation arrangement checked above. I acknowledge and agree that the school district, its officers, employees, and agents shall not be held liable for any claims, damages, injuries, or losses that may occur during or as a result of this non-district transportation.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Parent/Guardian Email and Phone Number