

# Lakeland Joint School District No. 272

15506 N Washington Street

Rathdrum, ID 83858

Phone: (208) 687-0431 Fax: (208) 687-1884

## TRAVEL PERMISSION SLIP & RELEASE FORM

I, \_\_\_\_\_ (Parent's Name) the parent/legal guardian ("Parent") of

\_\_\_\_\_ ("Student") hereby give my consent for Student to attend the  
the following activity, with travel to be provided by me to and from the Activity.

Activity: \_\_\_\_\_ (the "Activity")

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Parent, individually and on behalf of Student, assumes the sole and exclusive responsibility to transport Student to and from the Activity and hereby releases the Lakeland Joint School District No. 272 ("District") from and against any and all actions, claims, damages, costs and expenses which may accrue from and/or relate in any way to the transportation of Student to/from the Activity.

Parent further understands and agrees that Student must be checked out by District office prior to Student's release to Parent and Parent must check Student in with Coach/Advisor at the Activity, which must be done in writing, before Student will be deemed released back into the custody and control of the District.

By signing below Parent acknowledges having read the forgoing, understanding its terms and agrees to be bound thereby.

Parent signature

Date

Phone number

Emergency phone #

X \_\_\_\_\_