

WARROAD PUBLIC SCHOOLS
INDEPENDENT SCHOOL DISTRICT #690
Mark Chamernick, Activities Director: 218-386-6005
Michelle Wyckoff, Activities Assistant: 218-386-6028



WAIVER OF RELEASE

I, as a parent/guardian, hereby give permission for my child, _____ to ride to/from home with me before/after his/her activities event instead of riding the school bus. I understand that I am releasing him/her from Warroad ISD #690 from all obligations, claims, or any liability that could arise while traveling to/from our destination.

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____