

**WARROAD WARRIOR ACTIVITIES DEPARTMENT  
WARROAD COMMUNITY EDUCATION-ISD 690**

510 CEDAR AVENUE, NW  
WARROAD, MN 56763

STEVE BENGTON, DIRECTOR

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**TRAVEL WAIVER PERMIT**

Being understood that team members and coaches are transported as one unit by a commercial vehicle for all out of town contests from the point of departure and returned to original point, permission is hereby requested for \_\_\_\_\_ to leave  
(student's name)  
the team on \_\_\_\_\_ from \_\_\_\_\_ with his/her  
(date) (departure point)  
**parents or guardians only** for the return to Warroad.

It is further understood that through the granting of this request the Warroad Public School, its administration, and coaches/director are absolved of all responsibility and liability concerning this student athlete or band member on said return trip to Warroad.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Coach

*An Equal Opportunity Employer*