Watertown High School

Travel Release for Student-Athlete

This form must be submitted or faxed to the Athletic Department Prior To, Or No Later than 24
Hours of the Event
Fax: 860-945-3348

This is a request that	(Athletes Name) a member of the		
	(Athletes Name)		
No.	at Watertown High	School be given peri	nission to be:
(Team)			
Transported by	arent/Guardian's Name)	on	
(P	arent/Guardian's Name)	(Dat	te)
То:	OR	From:	
Reason for Request:			
the provided transportati School District , its office	own High School policy in ion. By requesting a waivers, agents and employees damage arising out of suc	er I agree to identify : harmless from any a	and hold the Watertown nd all claims or loss for
It is understood that I wiresponsibility for his/h	ll personally transport r er health and safety.	ny son/daughter onl	y, and assume full
Parent/Guardian's Signat	ture Date	***************************************	Home/Cell #
Athletic Director Signatu	re Date		