

Kimball Area Public Schools

Clay Anderson

Activities Director

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Phone: 320-398-7700 x1311

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Date: _____

This is to certify that _____ has my permission to ride
(Students Name)
on **to / from** (circle one or both) the _____ Athletic Contest / Activity
(Sport/Activity)
_____ at _____
(Date) (Location of Contest)

☐

I certify that I am personally transporting the above named student.

☐

I give the designated party permission and full responsibility for transporting my student

(Name)

(Relationship)

(Phone Number)

I understand that having a second party transporting my student is due to extreme circumstances and upon filling out the travel release form a follow up phone call to Mr. Anderson is mandatory before my student is allowed to travel with the designated party stated above.

I understand that Kimball Area Activities Rules require that students ride the busses to and from all athletic/activity events and a departure from this requirement will release Kimball Area School District from liability for any adverse results that may occur.

I AGREE TO RELEASE THE KIMBALL AREA SCHOOL DISTRICT and its employees and officers from liability with reference to the above stated transportation.

This form must be on file in the Activity Office prior to noon on the day of the contest.

APPROVED _____

(Signature of Parent/Guardian)

NOT APPROVED _____

(Signature of Activities Director)