



# Fall River School District

Athletic/Recreation/Activities Department

---

## Parent/Family Driving Student-Athlete Waiver

I \_\_\_\_\_ (parent/guardian name/adult family member) certify that I am taking my son/daughter, \_\_\_\_\_ (student name), to/home from \_\_\_\_\_ (event/location) occurring on \_\_\_\_\_ (date). I take sole responsibility for his/her safe transportation home. By filling out and signing this form I take sole responsibility for my son/daughter and release Fall River Athletics and Fall River School District from any liability and will not pursue legal charges/cases against them in any way.

\*This form must be turned in to AD Cody Schultz/Lower Office before the bus leaves school grounds for the athletic destination. ***This form has to be turned in every day prior to every event (including practice).*** Once form has been turned in and approval has been granted, students can only travel home with parents/guardians/adult family members. **No exceptions will be allowed.**

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Email (required for approval)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## D. R. I. L. L.

Discipline Responsibility Intensity Leadership Loyalty