

ATHLETIC TRANSPORTATION RELEASE FORM

As parent/legal guardian of _		, I am assuming all responsibility
for transporting my son/daugh	ter from the away contest/e	vent listed below. I further represent that I will
only be transporting my own ch	nild(ren) who are attending t	he away contest/event and that I will not be
transporting any other student	athletes who are attending th	ne away contest/event. I understand that by
signing this release form, I am	eleasing the City of Somerv	ille, Somerville School Committee and Somerville
Public Schools and their respec	tive officers, directors, agent	s and/or employees from and against any and all
liability, loss, damage, costs, clair	ms and/or causes of action	arising out of or related to my transportation of
my son/daughter from the awa	y content/event list below.	
Season & Year:	Level & Sport:	
Reason for request:		
Parent Signature:		Date:
Coach Signature:		Date:
Director of Athletics/Princip	<u>oal</u> :	
FORM MUST BE COMPL	LETED AND TURNED	INTO ATHLETIC DIRECTOR'S OFFICE
BEFORE THE START OF	ANY ATHLETIC SEA	SON. (ONLY EXCEPTION TO

Stanley Vieira
Director of Athletics
Somerville High School
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ADVANCE NOTICE IS AN EMERGENCY.)