



# RIVER FALLS HIGH SCHOOL

818 Cemetery Road, River Falls, WI 54022 P: 715.425.1830 F: 715.426.6513

**PRINCIPAL**  
MR. KIT LUEDTKE

**ASST. PRINCIPAL**  
MRS. TARYL GRAETZ

**ASST. PRINCIPAL**  
MS. LISA GOIHL

**ACTIVITIES DIRECTOR**  
MR. DAVID CRAIL

## TRANSPORTATION RELEASE

This is to request that my child, \_\_\_\_\_ be permitted to obtain parent/guardian transportation in lieu of district transportation provided by the School District of River Falls.

Date: \_\_\_\_\_

Activity: \_\_\_\_\_

Event Location: \_\_\_\_\_

Reason for obtaining release:  
\_\_\_\_\_

I certify that the above named student is personally being transported by their parent or legal guardian and such plans have been communicated to the coach/advisor.

<b>To</b>	Person  Person  Person
<b>Cc</b>	Person
<b>Bcc</b>	Person
<b>Subject</b>	

I understand that the activities code requires that all students ride district transportation to and from all school activities; however, by signing this form, my child will be transported by me.

I do hereby agree voluntarily and without reservation to indemnify and hold harmless the School District of River Falls, its

employees, volunteers and representatives from any liability which does not arise out of intentional or negligent acts of a School District of River Falls employee, volunteer or representative. It is also understood that the limitations of this form restrict students to travel only with his or her parents or legal guardians.

This form must be on file in the activities office one day prior to the event.

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

Activities Director Approval:

\_\_\_\_\_ Activities Director  
Signature Date

Email form to [david.crail@rfsd.k12.wi.us](mailto:david.crail@rfsd.k12.wi.us) & [susan.halling@rfsd.k12.wi.us](mailto:susan.halling@rfsd.k12.wi.us) or drop off in activities office. Completed form will be sent to the advisor/coach. It will be necessary to sign your student out with the advisor/coach on site post event.