LISD ATHLETE TRANSPORTATION RELEASE FORM

Date:	School:
To Whom It May Concern:	
My daughter / son	will
be riding home from	
(event & site) with me. I, as the	ne parent, have notified the coach
personally and understand the	school will be released from liability
as soon as the facility is left. I also understand the school district	
prefers all athletes to ride to a	nd from all away events on school
provided transportation and th	nat this is an exceptional situation.

Printed name of Parent / Guardian

Signature of Parent / Guardian