

# BRADFORD JH/HS ATHLETIC TRANSPORTATION WAIVER

(Needs to be completed 1 day prior to event)

Student Name: \_\_\_\_\_

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

Activity/Sport: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I am asking permission to transport my child in my personal vehicle on (date) \_\_\_\_\_

for the following reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I am aware that I am accepting full responsibility/liability for the safety of the student.

\_\_\_\_\_  
Parent Signature

Date

\_\_\_\_\_  
Coach Signature

Date

\_\_\_\_\_  
Administrator Signature

Date

**Present this form to the coach/supervisor, who will then return it to the  
Administration to keep on file.**