**Plainfield Central Middle School**

**RELEASE OF LIABILITY FORM**

 **(Request for Alternate Transportation To/From School Event)**

**Date of Event**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event location/address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to request that my child be permitted to take alternate transportation home from a school-sponsored activity or event, as indicated below. I understand that Plainfield Central Middle School requires students to utilize school-sponsored transportation to and from all school sponsored events and activities (including, but not limited to, field trips, competitions, and athletic contests). By signing this form, I agree that deviation from this requirement will release the Plainfield Public Schools from all liability for any adverse consequences that may occur due to parentally-approved alternate transportation. I agree to release Plainfield Public Schools and its employees from all liability with regard to the aforementioned alternate transportation. I understand that no student will be released unless this form has been completed and returned to the main office. This form must be submitted to the main office for administrative approval two (2) school days prior to the day of the contest or activity. Reason for not using school provided transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❏ Requested time to meet your student: \_\_\_\_\_\_\_\_\_\_ ❏ I/Designee will provide driver’s license upon pick-up Choose one: ❏ I will be personally transporting my child; I will bring my driver’s license to the designated location for pick-up (TBD) ❏ I have made transportation arrangements with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; he/she will bring their driver’s license to the designated location for pick-up (TBD) \*\* The designated location where you will meet school personnel to pick up your child will be communicated after approval. \*\* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Signature of Administrator/Athletic Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt acknowledged by Coach / Trip Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SUBMIT COMPLETED FORM TO PCMS MAIN OFFICE