

**TRAVEL RELEASE**

**Lisbon Central School  
Athletic Department**

**THIS FORM SHALL BE SUBMITTED TO THE ATHLETIC DIRECTOR  
24 HOURS PRIOR TO EVENT**

This is to certify that \_\_\_\_\_ has my permission to ride from the  
(Student's Name – please print)

\_\_\_\_\_ event on \_\_\_\_\_ at \_\_\_\_\_  
(Sport) (Date) (Location of Event)

\_\_\_\_\_ I certify that I am personally transporting the above named student/athlete.

\_\_\_\_\_ I have arranged for transportation with an adult (non-student) of my choosing\*.

\*List the name of adult chosen to transport the student/athlete: \_\_\_\_\_

I understand that the Lisbon Central School Athletic Rules require that students ride the buses to and from all athletic events and a departure from this requirement will release the Lisbon School District from all liability for any adverse results that may occur.

I agree to release the Lisbon School District and its employees and officers from all liability with reference to the above stated transportation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Contact information (Parent/Guardian)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Athletic Director/Coach