

**REQUEST FOR TRANSPORTATION RELEASE**

Athlete requesting release: \_\_\_\_\_ Athlete's sport: \_\_\_\_\_  
Athlete's head coach: \_\_\_\_\_ Date of request: \_\_\_\_\_  
Athlete's home address: \_\_\_\_\_ Date of conflict: \_\_\_\_\_  
\_\_\_\_\_ Event name: \_\_\_\_\_  
Athlete's home phone number: \_\_\_\_\_ Event location: \_\_\_\_\_

**Being released from transportation:**

\_\_\_\_\_ to contest \_\_\_\_\_ from contest \_\_\_\_\_ both to & from contest

**REASON:**

\_\_\_\_\_ **SCHOOL EVENT**

\_\_\_\_\_ **OTHER**

**IF OTHER, PLEASE EXPLAIN BELOW:**

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

**WAIVER:** In consideration of the acceptance of this request for transportation release, we understand that we are acting against the recommendation of the OHSAA, Chagrin Falls Board of Education, Chagrin Falls Athletic Department, and the coaching staff. We understand that this request **must be accompanied by a signed parental/legal guardian note, be given for Athletic Department approval TO THE COACH AT LEAST 3 DAYS PRIOR TO THE CONFLICT DATE, AND THAT I, THE ATHLETE WILL ONLY BE RELEASED TO US, THE PARENTS/LEGAL GUARDIANS.** We do hereby, for ourselves, our heirs, executors, and administrators, waive and release and discharge the OHSAA, Chagrin Falls Board of Education, Chagrin Falls Athletic Department, the coaching staff, and any additional hosts or sponsors, or their respective agents, representatives, and employees from all claims, demands, and rights of causes of action, present and future, whether known or anticipated, resulting from or arising out of, either directly or indirectly, our decision to not use school provided transportation. **Furthermore, we have been advised that OHSAA Lifetime Catastrophe Accident Insurance policy and the Chagrin Falls Board of Education and Athletic Department policies do not cover our son/daughter in this situation** and we have therefore secured the appropriate insurance for transporting our athlete ourselves.

Signature of the athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM SHOULD BE GIVEN TO THE HEAD COACH**

**FOR OFFICE USE ONLY:**

Date received by coach: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

\_\_\_\_\_  
(AD Signature)

Comments: \_\_\_\_\_  
\_\_\_\_\_