

Highland Park ISD Athletic Department
Travel Release Form for Alternative Transportation from Team Event



Athlete's Name: _____

Team Activity: _____

Date: _____

My son/daughter will be traveling with me from his/her Team Activity or will travel with _____.

I, the undersigned, assume full and complete responsibility for picking up my son/daughter at the site of the Team Activity or allowing them to travel with the parents named above. The District has no responsibility for any injury or accident that may occur to my son/daughter while traveling from the activities in transportation not provided by the District.

Printed Name of Parent/Guardian

Signature of Parent/Legal Guardian

Printed Name of Athlete

Signature of Athlete