

MARGARETTA ATHLETIC DEPARTMENT
EMERGENCY TRAVEL RELEASE FORM

STUDENTS NAME: _____

ATHLETIC CONTEST & SITE: _____

DATE OF CONTEST: _____

REASON FOR NOT RIDING SCHOOL PROVIDED TRANSPORTATION:

INSURANCE CO. OF PERSON PROVIDING TRANSPORTATION:

(PLEASE INITIAL AND SIGN ON THE SPACES PROVIDED)

I assume all responsibility for the transportation of the above named athlete from the
above named athletic contest.

SIGNATURE: _____