## Only the parent/guardian signing this form can drive this student



## **Duluth Public Senior High Schools Event Travel Release**

	(Date)	
This is to certify that	(Student's Name)	has my permission to ride
To / From the(Circle One)	(Name of East Activity)	school event on
(Date of Event)	at(Locatio	n of Event)
The reason for not riding the	bus is:	
(The reason mus	t be sufficiently urgent to famil	y needs to justify not riding the bus).
events and a departure from the adverse results, which may only agree to release the ISD #70 reference to the above-stated	his requirement will release the ccur. <b>I understand the studen</b> 9 Duluth School District and it transportation.	de the bus to and from all school a Duluth School District from all liability for any t must ride with their parent/guardian. as employees and officers from all liability with bach a minimum of 48 hours before the
(Signature of Parent or Guard	lian)	Approved - Not Approved
(Signature of Activities Direc	tor, Coach or Advisor)	

By signing this form, parents waive coverage under the MSHSL Catastrophic Insurance Plan

## Return this form to the Coach/Advisor