



St. Mary's School

730 S. Cedar Avenue
Owatonna, MN 55060
Phone (507) 446-2300
Fax (507) 446-2300

CONTEST TRAVEL RELEASE

Date: _____

This is to certify that _____ has my
(Student Name)

Permission to ride (to / from / both) the _____
(circle one) *(Sport)*

Athletic contest on _____, at _____
(Date) *(Location of Contest)*

_____ I certify that I am personally transporting the above names student.

_____ I have arranged for transportation with the adult named below:

NAME: _____ PHONE: _____

I understand the ST. MARY'S SCHOOL ATHLETIC RULES require that students ride school scheduled and approved vehicles to and from all athletic events. A departure from this requirement will be with the approval of the Supervising Coach and will release ST. MARY'S SCHOOL from any liability for any adverse results that may occur.

I AGREE TO RELEASE ST. MARY'S SCHOOL and its employees and officers from liability with reference to the above stated transportation.

Return this form with signatures to the Athletic Office for filing.

Signature of Parent or Guardian

Signature of Coach