



*Crater High School Athletic Department*

Crater High School, 655 N. 3<sup>rd</sup> St, Central Point OR 97502  
Athletic Director David Heard Phone 541.494.6386 ~ FAX 541.494.6286

**RELEASE OF STUDENT FROM DISTRICT PROVIDED  
TRANSPORTATION DURING SEASON**

I am the parent/legal guardian of \_\_\_\_\_ (“Student”). Student is a participant on the \_\_\_\_\_ team during the \_\_\_\_\_ season. By signing and returning this form, I give my permission for Student to be released to the adults listed below following out-of-town games during the season when the coach allows participants to ride home with parents. The adult responsible for driving will check Student out with the coach before leaving following each out-of-town game.

**List all adults permitted to drive Student home from out-of-town games:**

Print name: _____	Phone number: _____
Print name: _____	Phone number: _____
Print name: _____	Phone number: _____
Print name: _____	Phone number: _____
Print name: _____	Phone number: _____

I understand that that the Central Point School District (“the District”) provides transportation to and from out-of-town games during the season, and that by giving my permission as set forth above I understand that Student will be transported in a vehicle not owned or controlled by the District and not driven by District personnel. I agree to release, indemnify and hold the District free and harmless from and against any liability, including but not limited to property damage, bodily injury, or personal injury, up to and including death, arising out of or relating to the acts, or failure to act, of the parent actually transporting Student from these out-of-town games. This release is intended to be interpreted and enforced to the maximum extent permitted by Oregon law.

I agree and understand that in the event of an accident, the insurance on the vehicle of the parent transporting Student is primary. I acknowledge that the District and Crater High School do not provide medical or liability insurance applicable to this transportation, and that any accidents, injuries or medical problems are strictly the responsibility of myself.

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE