



J.R. Gerritts Middle School

545 S. John Street • Kimberly, WI 54136
(920) 788-7905 • FAX (920) 788-7914 • www.kimberly.k12.wi.us



JRG STUDENT TRAVEL RELEASE FORM

This is to certify that _____ (Student's Name) will be transported in a private vehicle (TO - FROM - BOTH) the _____ (School Activity) on _____, at _____ (Date/Time of Activity, Location of Activity)

My child will be transported by: The parent/guardian signing this form, OR

I give _____ (Signature required below) permission to transport my child.

The reason for not riding district-supplied transportation is the following:

(Reason must be sufficient to family needs to justify not riding supplied transportation)

I understand that J.R. Gerritts Middle School policy requires that all students ride on district-supplied transportation to and from activities that involve J.R. Gerritts Middle School students and are a part of the J.R. Gerritts Middle School Co-Curricular program. By completing this form, I certify that I understand that neither the district nor the school is responsible for any injuries or losses that may result from non-district/school transportation, and hereby hold harmless, release, and discharge any claims, actions or causes of action of any nature against J.R. Gerritts Middle School, the Kimberly Area School District, and its employees and officers from all liability for any adverse results that may occur as a result of private transportation, including but not limited to personal injury, property damage, or wrongful death that may have arisen in connection with said travel. I further certify that transportation that I do provide or have provided in lieu of school district/school provided transportation will be made in accordance with all laws including having in place appropriate insurance coverage for such transportation.

This form must be on file in the J.R. Gerritts Middle School Athletic Office prior to the dismissal of school on the day of the contest/activity.

_____ (Signature of Parent/Guardian)

_____ (Signature of Coach/Advisor)

_____ (Signature of Administrator)

Signature of individual transporting student required below (if other than parent/guardian). I certify that I will personally transport the above named student.

Printed Name: _____

Signature: _____

Return Form To JRG Office At Least One School Day Prior To Event

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Administrative Approval: Granted \_\_\_\_\_ Denied \_\_\_\_\_