

**GIBAULT CATHOLIC HIGH SCHOOL
STUDENT-ATHLETE TRAVEL RELEASE FORM**

Student-Athlete Name _____ Age _____

As a student-athlete on the _____ team at Gibault Catholic High School, I will not be traveling with the team TO/FROM (circle one or both) the game against _____ on ____/____/____ (mm/dd/yy).

I assume full legal responsibility in making alternate travel arrangements. GCHS has offered to transport me TO/FROM (circle one or both) the game, but I am expressly refusing this offer and agreeing to accept all risk of personal liability stemming from my decision to use alternate travel arrangements. I, therefore, absolve Gibault Catholic High School, the athletic department, the coaching staff, and the company that provides the insurance coverage from any and all responsibilities should any bodily injury or accident(s) occur. Furthermore, I assume total responsibility for all my actions and activities once I separate myself from the team as a whole.

Student athlete's signature

Date

Parent's/Guardian's signature

Date

Coach's signature

Date

Please have your coach return this form to the athletic director as soon as possible.