

WILLIAMSTON HIGH SCHOOL

3939 Vanneter Road
Williamston, MI 48895
(517) 655-2142
Fax (517) 655-7501

**WILLIAMSTON EXTRACURRICULAR
TRANSPORTATION WAIVER**

STUDENT: _____

SPORT/ACTIVITY: _____

This waiver is for the trip to _____

held on _____ 20_____
(day and date)

REASON FOR WAIVER: _____

DRIVER(S): _____

Williamston High School's policy regarding transportation states that students are expected to travel to and from the activity in school-provided transportation. We realize that emergencies and extenuating circumstances sometimes require other arrangements. At no time will we allow students to drive themselves or ride with anyone other than parents to and from activities without the approval of the administration. **THIS WAIVER NEEDS TO BE RETURNED TO THE ADMINISTRATION AT LEAST ONE (1) DAY PRIOR TO THE DAY OF THE ACTIVITY.**

In making this request, as the legal parent or guardian of the student seeking permission, I hereby assume all legal responsibility, and hold Williamston Community Schools and its agents harmless from liability, for any occurrence which may transpire as a result of my son\daughter being transported in this private vehicle.

Signature of Parent\Guardian Date

Signature of Sponsor/Coach Date

Signature of Administrator Date

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