FITCH HIGH SCHOOL TRANSPORTATION WAIVER FORM

*Request for another adult family member or a parent of another team member to transport a Student –Athlete.

| I am requesting that my child | d | be allowed to be transported by |
|-------------------------------|--------|--|
| | | Student Name |
| Name of Transporting Adult | | from a school sponsored athletic event to my home or another |
| location on Date | from _ | Location of Athletic Event |

By allowing another adult family member or a parent of another team member to transport my child, I relieve Fitch High School and Groton Public Schools of any liability of his/her safety while he/she is traveling from this event. In recognition of this fact, I am filing this form 24 hours in advance with the coach of the appropriate sport as required by the policy of the Fitch High School Athletic Department as set forth in the Fitch High School Athletic Handbook.

| Signature: | Date: |
|------------|-------|
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Parent/Guardian