



# NOTRE DAME HIGH SCHOOL, INC.

Member of the Middle States Association of Colleges and Secondary Schools

3417 Church Road, Easton, PA 18045

PH 610 868-1431 FX 610 868-6710 www.ndcrusaders.org

## EVENT TRAVEL RELEASE

\_\_\_\_\_  
(Date)

This is to certify that \_\_\_\_\_ has my permission to ride from  
(Student's Name)  
the \_\_\_\_\_ athletic/activity event on \_\_\_\_\_, 20\_\_\_\_,  
(Sport) (Month) (Date) (Year)  
at \_\_\_\_\_.  
(Location of Event)

I certify that I am personally transporting the above-named student and the reason for not riding Notre Dame Transportation:

\_\_\_\_\_  
\_\_\_\_\_  
(Reason must be sufficiently urgent to family needs to justify personal transportation.)

I understand that the Notre Dame High School Athletic Rules require students to ride school transportation to and from all athletic/activity events and departure from this requirement will release Notre Dame High School from all liability for any adverse results that may occur.

I agree to release Notre Dame High School and its employees from all liability with reference to the above-stated transportation.

This form must be on file in the Athletic/Activities Office prior to the dismissal of school on the day before the event.

\_\_\_\_\_  
Signature of Parent or Guardian

**Approved --- Not Approved**

\_\_\_\_\_  
Signature of Athletic Administrator

**Notre Dame High School, Inc.**