SPECIFIC EVENT TRANSPORTATION RELEASE FORM

(student), who is a student with the Washoe County School District, who is participating in a Washoe County School District approved event or activity.	
School District, who is participating in a Washoe County Sch	nool District approved event or activity.
(Event)	_(date)
at (location)	
I hereby authorize the Washoe County School Districto/from (circle one or both) said event to:	ct to release (student)
NAME:	
RELATIONSHIP:	
ADDRESS:	
TELEPHONE:	
recognizing that the Washoe County School District is or referenced in this release.	otherwise prepared to provide transportation for the travel
THE WASHOE COUNTY SCHOOL DISTRIC REPRESENTATIVES, AND ASSIGNS, FROM ANY A	rded hereby, I RELEASE AND FOREVER DISCHARGE CT, ITS INSURERS, AGENTS, EMPLOYEES, ND ALL CAUSES OF ACTION, CLAIMS, DEMANDS, WITH OR ARISING OUT OF THE PRIVATE
TRANSPORTATION OF (student)	AS NOTED HEREIN.
counsel of my own selection, or that I have had full of circumstances incident hereto, that in executing this release counsel of my own independent selection, or that I have waits	release, I have been fully advised and represented by legal poportunity to do so, that I am fully familiar with all the re, I rely wholly upon my own judgment and the advice of wed the right to rely on such advice, and that I have been in no on or statement whatsoever by any person, individual, agent, chool District.
Signature of Parent/Guardian	 Date