

**Ely Memorial High School**  
Extracurricular Activities  
Travel Release Form

I would like permission to transport my child to and/or from the indicated event and on the indicated date. I understand that I incur all liabilities in the case of injury or accident. I also understand that I may transport only my child and no other students.

Date of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Travel (to, from, or both) \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Principal or Athletic Director's Signature: \_\_\_\_\_