

LCSD#1 Activity Participant Release Authorization Form

Student and Parent(s) hereby acknowledge and understand that the District does not assume any responsibility for the Student's transportation when District transportation is not used and the Student and/or Parent(s) are solely responsible for making appropriate arrangements to and/or from the athletic practice or competition.

Student and Parent(s) release and hold harmless the District and its board members, employees and agents from any and all liability claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that Student and/or Parent(s) may have against the District and its board members, employee and/or agents for any and all damages that may arise out of or in connection with being released from the competition venue.

Student Name:			
Event:			
Date of Event:			
Location of Event:			
Student to be relea	ased to Legal Guardian:		
l	will transport my child	back to Cheyenne for the	е
specified event listed.			
Parent/Guardian (Print i	name):		
Parent/Guardian (Signat	cure)	Date	
	OR		
Student to be relea	ased to an Authorized Adu	ılt:	
I	give permission to LCSD#1 to	release my child	to the
	(Authorized Adult) for the specifi		
Authorized Adult for rele	ease:		
Parent/Guardian (Print i	name):		
Parent/Guardian (Signat	:ure)	Date	
Student (Signature):			
Authorized Adult (Signa	ture):		
☐ Identification checke	ed by District Personnel/Coach be	fore Release	
Administrator (Print nar	ne):		
Administrator (Signature	e)	Date/time:	
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^{*}Form must be turned in 24 hours before event*

^{*}Must have Administrator Approval*