

M.S.A.D. #12

606 Main Street
Jackman, ME 04945

Fax 207-668-4482

EXTRA-CURRICULAR TRANSPORTATION DISCLAIMER

STUDENT NAME: _____

DATE OF EVENT: _____

EVENT: _____

LOCATION OF EVENT: _____

REQUESTED TRANSPORTATION CHANGE:

I understand that M.S.A.D. #12 is providing transportation to and from the above event. I am requesting the above change, however. I realize that by signing below, I am accepting full responsibility for the transportation of the above student and that I shall hold M.S.A.D. #12 and the employees thereof completely harmless in the event that the above student should sustain any injury as a result of the noted transportation change.

Parent/Guardian Signature

Date of Request

I approve the above requested change in the transportation of this child.

M.S.A.D. #12 Representative

Date

THIS DISCLAIMER MUST BE PRESENTED TO THE COACH/ADVISOR PRIOR TO THE EVENT IN WHICH THE REQUESTED CHANGE WILL BE MADE.