



**LYNDHURST HIGH SCHOOL
ATHLETIC PROGRAM/ACTIVITY
ALTERNATE TRANSPORTATION PERMISSION SLIP**

STUDENT FULL NAME: _____

SPORT/ACTIVITY: _____

I agree to transport my child to and from the _____ (activity) on
_____ (date).

If someone other than Parent/Guardian:

I request, and explicitly grant authorization to _____ to be a
designated person to transport my child to and from the _____ (activity) on
_____ (date).

As part of giving this permission, I agree, understand, release, waive, and forever discharge any and all liability or claims I may have against the Lyndhurst Board of Education, and agree to defend and hold completely harmless and faultless, the Lyndhurst Board of Education, from any and all liability, claims, demands, or lawsuits of any kind whatsoever, of or relating to any and all transportation of the student to and from the above activity. I understand that the Lyndhurst Board of Education is not responsible for any loss, damage, or injury the student may incur while in transport. Students may not drive themselves even if they are 18 years of age.

Print parent/guardian name

Signature

Parent/guardian phone

High School Supervisor Approval Date

High School Administrator Approval Date