

Frost ISD Athletics Travel Release

Athlete's Name: _____

Team Activity: _____

Location of Event: _____

Date of Event: _____

My son/daughter will be traveling with me FROM the above-named team activity. I assume full responsibility for picking up my son/daughter at the site of the team activity. I understand that Frost ISD holds no responsibility for any injury or accident that may occur to my son/daughter while traveling from the activity in transportation not provided by the District. I agree to release Frost ISD and its employees from all liability regarding transportation of my son/daughter after the above-named activity.

This form must be on file in the Athletics Office prior to the day of the event.

Signature of Parent/Guardian

Phone #