

FAIRFIELD CITY SCHOOL DISTRICT

TRANSPORTATION WAIVER

I _____ (PARENT/GUARDIAN) ASSUME FULL AND
COMPLETE RESPONSIBILITY FOR _____ (SON/DAUGHTER)
FOR THE PURPOSE OF PROVIDING MY OWN TRANSPORTATION FROM
_____ (LOCATION).

I HEARBY RELEASE THE FAIRFIELD CITY SCHOOL DISTRICT, ITS
TRANSPORTATION SERVICES AND ANY AND ALL OF ITS PERSONNEL FROM
ANY AND ALL RESPONSIBILITIES FOR TRANSPORTING MY CHILD(REN) BACK
TO ANY FAIRFIELD CITY SCHOOL DISTRICT FACILITY.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF HEAD COACH

DATE