

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