



# PHS ATHLETIC TRAVEL RELEASE

TODAY'S DATE: \_\_\_\_\_

This is to certify that \_\_\_\_\_ has my permission to ride  
(student name)

FROM THE: \_\_\_\_\_ Game  
(sport)

AT: \_\_\_\_\_  
(location of game)

ON: \_\_\_\_\_  
(date)

WITH: \_\_\_\_\_  
(person riding with & contact phone number)

*I certify that I am personally transporting the above named student.*

**THE REASON FOR NOT RIDING THE BUS IS:** \_\_\_\_\_  
\_\_\_\_\_

*I understand that the Phillipsburg High School Athletic Rules require that students ride the buses to and from all athletic events and a departure from this requirement will release the Phillipsburg School District from all liability for any adverse results that may occur.*

I agree to release the Phillipsburg School District and its employees and officers from all liability with reference to the above stated transportation.

**This form must be on file in the Athletic Office prior to the dismissal of school on the day of the contest.**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

APPROVED – NOT APPROVED

\_\_\_\_\_  
SIGNATURE OF DIRECTOR OF ATHLETICS