

**LEON INDEPENDENT SCHOOL DISTRICT
ATHLETIC DEPARTMENT**

STUDENT-ATHLETE TRAVEL WAIVER FORM

I/We, _____ am/are the lawful parent/guardian
(Full Name(s) of Parent(s)/Legal Guardian (s))

of _____ and has my/our consent to travel with
(Full Name of Student-Athlete)

_____ who is a/the _____
(Full Name of Responsible Adult) (Relationship to Student-Athlete)

of the Student-Athlete. Furthermore, I/we release Leon ISD and its Administrators from any and all liability relating to the transportation of my/our student-athlete once released to the designee stated above.

Parent/Guardian Signature

Today's Date

Parent/Guardian Contact Number

Sport & Date of Contest

Accepting School Official

Location of Contest