



Strath Haven Athletics Single-Event Travel Waiver



Student Athlete: _____ Contest Date: _____

Sport: _____ Contest Location: _____

My child will travel with family members, independent from the team, to and from this contest, and I release the Wallingford-Swarthmore School District, its employees, and its officers from the liability of transportation for this event.

Parent/Guardian Signature: _____

Date: _____

Coach's Signature: _____



Strath Haven Athletics Single-Event Travel Waiver



Student Athlete: _____ Contest Date: _____

Sport: _____ Contest Location: _____

My child will travel with family members, independent from the team, to and from this contest, and I release the Wallingford-Swarthmore School District, its employees, and its officers from the liability of transportation for this event.

Parent/Guardian Signature: _____

Date: _____

Coach's Signature: _____