## Page 1 of 1 RELEASE FOR STUDENT TRANSPORT TO ATHLETIC/ EXTRACURRICULAR ACTIVITIES

| FOR STUDENT:  | TEAM:                     |                                |                   |
|---|---------------------------|--------------------------------|-------------------|
| (print student's name) The Board of Education of Powell County, | by resolution, has appr   | oved an opportunity for th     | ne above-named    |
| student to participate in athletic or extracurricular ac        | ctivities away from the   | district. Through that same    | e resolution, the |
| Board has imposed conditions on participation in the            | ese activities. I am awar | e of the risks associated w    | ith transporting  |
| my child myself or with allowing another parent                 | to provide transporta     | tion and with participation    | on in strenuous   |
| competitive athletic activities. I have reviewed the co         | nditions established by   | the Board and I voluntarily    | and knowingly     |
| accept those conditions, including my responsibility            | y for travel and supervi  | sion, and I assume all risl    | k relating to the |
| above-named student's participation in trips for this           | team. I acknowledge t     | ne school/team is responsi     | ble only for the  |
| cost of event registration and lodging for the studen           | t participant where appl  | cicable, and that all other e  | expenses are the  |
| responsibility of the student participant and his fami          | ly.                       |                                |                   |
| By signing below, I release the Board of Ed                     | lucation of Powell Cou    | nty, its officers, employees   | s, and agents, of |
| and from any liability for damages or injuries relation         | ng to or arising out of p | participation in this athletic | e trip, including |
| travel to and from each event in the 2024-2025 scho             | ool year for the team lis | sted above, as well as all a   | activities during |
| the trip, specifically including any damages or injury          | y due to negligence of a  | ny released party.             |                   |
|   | Received and              | Verified by:                   |                   |
| Adult Student or Parent/Guardian of Minor Student               | Sp                        | onsor/Designee                 |                   |
| Printed Name of Adult Student or of Parent/Guardia              | n Date                    |                                |                   |
| Date  | _                         |                                |                   |
| I authorize my child to ride with and be supervised be          | by the following adults:  |                                |                   |
| COMMONWEALTH OF KENTUCKY  |                           |                                |                   |
| Subscribed and sworn to before me by                            | , on this                 | s day of                       |                   |
|   | My commission expires:    |                                |                   |
|   |                           |                                |                   |
|   | Notary Public             | Kentucky State at Large        | e<br>e            |