

**WILLIAMSTON HIGH SCHOOL**

**3939 Vanneter Road  
Williamston, MI 48895  
(517) 655-2142  
Fax (517) 655-7501**

**WILLIAMSTON EXTRACURRICULAR  
TRANSPORTATION WAIVER**

STUDENT: \_\_\_\_\_

SPORT: \_\_\_\_\_

This waiver is for the game at \_\_\_\_\_

held on \_\_\_\_\_ 20\_\_\_\_\_  
(day and date)

REASON FOR WAIVER: \_\_\_\_\_

\_\_\_\_\_

DRIVER(S): \_\_\_\_\_

Williamston High School's policy regarding transportation states that students are expected to travel to and from the activity in school-provided transportation. We realize that emergencies and extenuating circumstances sometimes require other arrangements. Students may only drive themselves, ride with their parents or another adult to and from activities with prior approval by the administration and parents. THIS WAIVER NEEDS TO BE RETURNED TO THE ATHLETIC DIRECTOR AT LEAST ONE (1) DAY PRIOR TO THE DAY OF THE ACTIVITY.

In making this request, as the legal parent or guardian of the student seeking permission, I hereby assume all legal responsibility, and hold Williamston Community Schools and its agents harmless from liability, for any occurrence which may transpire as a result of my son\daughter being transported in this private vehicle.

\_\_\_\_\_  
Signature of Parent\Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Athletic Director

\_\_\_\_\_  
Date