MUSKEGO NORWAY SCHOOL DISTRICT PARENT/GUARDIAN CONSENT AND RELEASE INDEPENDENT TRAVEL CO-CURRICULAR ACTIVITIES

STUDENT NAME:	
I understand that the Muskego Norway School District by the district for co-curricular activities. I am request safe transportation for my child as specified below. For approved, the parent/guardian shall assume all resulting School District shall assume no liability whatsoever for Muskego Norway School District from any and all lial	ting permission to personally provide reliable and urther, I understand that by making this request, if ag liability. I also agree that the Muskego Norway or negligently caused injuries and release the
ACTIVITY:	
DATE OF ACTIVITY:	
TO ACTIVITYFROM ACTIVITY	
I agree to release and hold harmless the Muskego Nor representatives from liability from any and all loss or damages caused by injury to my son/daughter or his/h referenced independent travel. I agree to indemnify the loss, damages, or expense, including costs and attorne District for any action commenced by me or on behalf son/daughter resulting from utilizing the above-reference.	expense, including costs and attorneys' fees, for any er property resulting from utilizing the abovene Muskego Norway School District for any and all eys' fees, incurred by the Muskego Norway School for me or for any action commenced by my
Parent/Guardian Signature	Date
Approved Not Approved	Head Coach/Activity Advisor
Approved Not Approved	Activities Director
	î

This form must be returned to the Activities Director or Head Coach/Advisor

NO LATER THAN 1 DAY prior to the event.

©Start Playing Safe