

COLD SPRING HARBOR HIGH SCHOOL
EMERGENCY WAIVER OF TRANSPORTATION POLICY

I am the father, mother, guardian of _____
Student's Name

I hereby request that permission be granted to pickup my son/daughter:

Student's Name
(and _____) after their
Names of other students, if applicable (See Below)

Interscholastic game or activity on _____
Date

Reason (REQUIRED)

I am fully aware that it is Cold Spring Harbor School District Policy that students be transported to and from all games and activities on the transportation provided by the school. Only under extraordinary circumstances or for special situations is this request permissible. **WHEN ADDITIONAL STUDENTS ARE INVOLVED. PERMISSION FROM ALL PARENTS INVOLVED IS REQUIRED (SEE PERMISSION SLIP BELOW)**

I hereby agree that I will be fully responsible for and hold the School District harmless, Indemnify, and defend the district for any damages, including injuries to my child and/or other children which may arise as a result of picking them up from this interscholastic activity.

Parent/Guardian Signature _____ Date: _____
(Driver)

Athletic Director/ Administrator _____ Date: _____

Coach _____ Date: _____

PERMISSION SLIP FOR ADDITIONAL STUDENTS

I hereby agree that I will be fully responsible for and hold the School District harmless, indemnify, and defend the district for any damages, including injuries to:

Name of Students

Which may arise as a result of Mr/Mrs/Ms _____
Name of Driver

Picking up my child from this interscholastic game or activity on _____
Date

Reason (REQUIRED)

Signature of Parent/Guardian of additional students to be picked up Date

Athletic Director/Administrator Date

Coach Date