



**PELICAN RAPIDS PUBLIC SCHOOLS**

HOME OF THE VIKINGS

**STUDENT CO-CURRICULAR ACTIVITY  
TRAVEL RELEASE FORM**

**BRIAN KORF**  
Superintendent

**LAURA JANUSZEWSKI**  
Secondary Principal

**DOUG BRUGGEMAN**  
Dean of Students

**DERRICK NELSON**  
Elementary Principal  
Activities Director

Name of Student \_\_\_\_\_

Sport/Activity \_\_\_\_\_

Date of Event/Game \_\_\_\_\_

Location of Event/Game \_\_\_\_\_

I hereby certify that my child has my permission to ride ( to / from / both ) described above.

Transportation will be provided by: \_\_\_\_\_

I understand that the Pelican Rapids School District’s rules require students to ride the buses to and from all out-of-town activities. Departure from this requirement will release the Pelican Rapids School District from all liability for any adverse results that may occur.

I agree to release the Pelican Rapids School District, its employees, and officers from all liability with reference to the above-stated transportation.

This form must be submitted to the head coach/advisors of the program prior to the day of the event.

My signature below indicates my approval of the aforementioned items.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head Coach / Advisors

\_\_\_\_\_  
Date