

Bishop Fenwick High School
Department of Athletics



Transportation Release

I _____ (Parent or Guardian) of _____ (student), am willing and of my own accord taking responsibility for the transportation of my daughter/son from this athletic event _____ (sport) at _____ (location) on _____ (date).

I do by release and hold harmless the Archdiocese of Cincinnati, Bishop Fenwick High School and school agents, coaches, faculty and staff from all claims, demands, actions, judgements, and executions which may arise as a result of personal injuries to _____ (student) after leaving such athletic event.

I hereby acknowledge that I have read and understand the terms of this indemnification with full knowledge of its significance.

Parent Signature: _____

Address: _____

Telephone: _____

Date: _____

Coach Signature: _____