



**Travel Release Form**  
**Little Chute Area School District**

*\* This form should be filled out and given to school employee no later than 24 hours prior to event departure\**

Student: \_\_\_\_\_ School: \_\_\_\_\_  
(First and Last Name)

I certify that I am personally transporting the above named student or have arranged for transportation with an adult (non-student) \_\_\_\_\_ of my choosing, not employed with the Little Chute Area School District.  
(First and Last Name)

Check applicable:

TO event                       FROM event                       TO and FROM event  
(must show ID to take student)

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_

I understand that transportation is being provided, but choose to provide my own child's transportation. By departure of this requirement, I agree that I am in no way acting as a Little Chute Area School District employee, agent, or volunteer. I also agree that the District is in no way hiring me, renting, or borrowing my vehicle. I certify I agree to release, indemnify, and hold harmless the Little Chute Area School District, employees, and agents and any and all persons or entities holding thereunder, including any and all policies of insurance from all liability for any adverse results that may occur.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

For Internal Use:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

*Form should be submitted to the office by the event supervisor after the event.*