

Kevin Wopat
Activities Director
Lourdes Academy
110 N Sawyer St.
Oshkosh, WI 54902



WeAreALLKnights

Kevin.wopat@lourdesacademyoshkosh.org | (o) 920-230-3255 | (f) 920-303-6682

Travel Release Form

I hereby request that _____ be allowed permission to travel home
(Name of Student Athlete)

from _____ on _____. _____ will be traveling with
(List location) (Date) (Name of Student Athlete)

_____ instead of utilizing the scheduled transportation
(Name of person transporting Student Athlete)

provided by the Lourdes Academy athletic department for this activity. By signing this form, I acknowledge that I am accepting full responsibility and liability for the safe travel of this student athlete.

Waiver and Release of Claim

I further acknowledge that, by signing below, I hereby release the Lourdes Academy and their respective officers, employees and volunteers, (collectively the District), from liability for any negligence by them regarding my request for a change in transportation. Nothing in this release shall release the District, from any claim caused by or arising out of any intentional or reckless conduct of the District. I further acknowledge that to the degree I desire to negotiate this release further with the District, prior to signing, I should contact the Activities Director directly.

(Requester's Name Printed)

(Date)

(Requester's Relationship to Athlete)

(Requester's Signature)