



Walla Walla Public Schools
Walla Walla High School - Blue Devil Athletics

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STUDENT/PARENT RELEASE FOR PRIVATE TRANSPORTATION TO/FROM PRACTICE

I volunteer to provide my own private transportation for the school-related function identified below and affirm the following:

1. The vehicle operator has valid vehicle operator's license.
2. The vehicle is in a safe, serviceable operating condition.
3. The vehicle operator has vehicle liability insurance in force for this vehicle.
4. I am aware that the liability insurance policy of Walla Walla Public Schools will not be in effect.
5. I am aware that I must travel directly to and from practice for the sport of:

CROSS COUNTRY

Driver of Vehicle (please print): _____

Signature of Vehicle Driver _____ Date _____

As the student's parent/guardian- please sign below

I have read and agree to the above acknowledgement. I/we agree to release Walla Walla Public Schools, its employees, agents, representatives, coaches and volunteers from any liability in connection with my student transporting himself/herself.

Parent/Guardian _____ Date _____