

## **Central Unified Athletics**

## RELEASE FOR TRAVEL HOME AFTER SCHOOL ACTIVITY

I request that my son/daughter be released to my custody, rather than returning to school on the transportation provided by the school district. I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety, and welfare and that Central Unified School District, its agents and employees are released from any liability which might be incurred thereby. I understand that pursuant to Education Code Section 44808, the District is not responsible for the conduct or safety of my child when he/she is not under the immediate and direct supervision of an employee of the District.

DATE: _	ACTIVITY:	ADVISOR:
_	STUDENT'S NAME:	<u>PARENT SIGNATURE:</u>
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