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## MIDDLETOWN SCHOOL DISTRICT TRAVEL RELEASE FORM

I certify that I am the parent/legal guardian of		
	DATES	
SIGNATURE	_	
TEAM NAME:		
I understand that the Middletown School District at from all athletic events and a departure from this redistrict from all liability for any adverse results that District and its employees and officers from all liabitransportation.	equirement will release the Middletown Sch may occur. I agree to release the Middletov	ool
SIGNATURE OF PARENT/GUARDIAN + RELATIONSHIP TO STUDENT	DATE	
SIGNATURE OF ATHLETIC DIRECTOR	DATE	