



School (Circle One): WMS WI	HS
Athlete requesting release:	Athlete's sport:
Athlete's head coach: I	Date of request:
Athlete's home address:	
Date of event/conflict:	
Athlete's home phone number:	
Being released from transportation (circle one) REASON (CIRCLE ONE):	to contest from contest both to & from contest
OTHER PLEASE EXPLAIN BELOW:	
OF THIS FORM DOES NOT GUARANTEE RELEAS. ATHLETIC DIRECTOR OR A SCHOOL ADMINISTR LISTED ATHLETE IS ONLY TO BE RELEASED TO GUARDIAN. We do hereby, for ourselves, our heirs, exet the OHSAA, Wickliffe City Schools Board of Education, staff, and any additional hosts or sponsors, or their respectations, demands, and rights of causes of action, present a arising out of, either directly or indirectly, our decision to have been advised that OHSAA Lifetime Catastrophe Action 1985.	diffe City Schools Board of Education, Wickliffe City understand that this release will provide no discount or HIS FORM MUST BE TURNED IN TO THE HEAD ICT DATE. WE UNDERSTAND THAT COMPLETION E, AND RELEASE MUST BE APPROVED BY THE CATOR. WE UNDERSTAND THAT THE ABOVE AND TRANSPORTED BY THEIR PARENT/LEGAL ecutors, and administrators, waive and release and discharge wickliffe City Schools Athletic Department, the coaching citive agents, representatives, and employees from all and future, whether known or anticipated, resulting from or on on use school provided transportation. Furthermore, we coident Insurance policy as well as the Wickliffe City policies do not cover our son/daughter in this situation and
Signature of the athlete:	Date:
Signature of parent/legal guardian:	Date:

Date received by coach: Approved Denied (Circle One) Printed Name and Title Signature Date Comments: